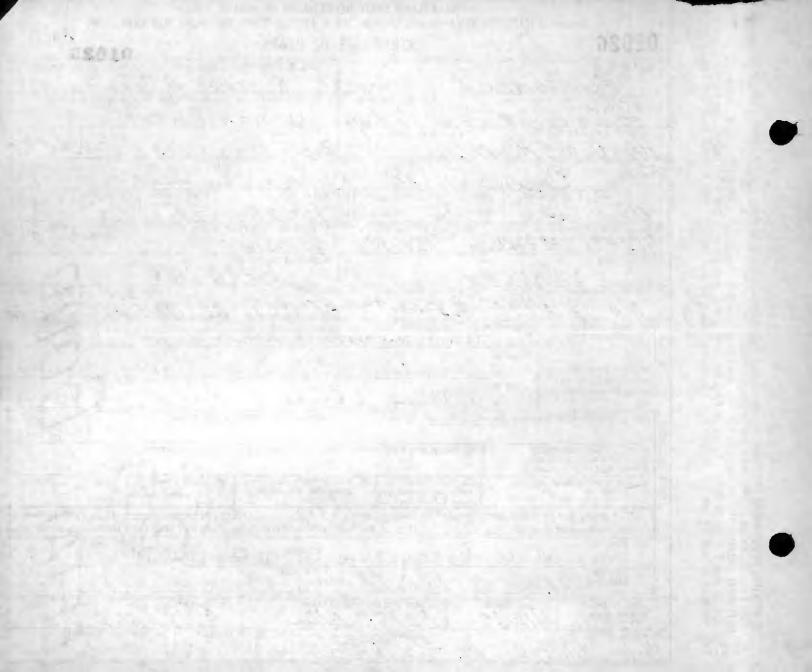
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01026 OF DEATH CERTIFICATE death The law requires that the death certificate be executed within 24 hours after death 1 and the intending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) papers. rus write RURAL and give nearest tawn e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS within 72 NO IX YES NAME OF Middle DATE First Last Day Year DECEASED OF 10 (Type or print) 1967 DEATH 1 YEAR AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 7 MARRIED NEVER MARRIED last birthday) Months Hours Days and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor of dotes, of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN cremat ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by physicion DUE TO hurial Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse the haspital or attending #e O FUNERAL DIRECTOR: After this certificate has been los! SD 19 WAS AUTOPS)
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1	MARYLAND STATE DEPARTMENT OF HEALTH					
FOR STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	01826			
HEALTH DEPT	-	01031				
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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del secute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. for your files. L DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stories designated agent, prior to burial, cremation, or removal, and in any event within 72 ho	MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ounty) (State)			
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AL EXA		death resulted from: Natural causes , Accident , Suicide , Homfolde , Bndetermined manner CHIEF MEDICAL EXAMINER				
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VR A15ME		Robert L. Surviden Kock, He, Md. DATE JAN 23 1967 John	arles Judge			
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Mary land 3 to 0 Montgomery Montgomery MARYLAND delay c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-tawn) b. CITY OR TOWN (If autside carparate limits. C. LENGTH OF STAY IN 15 and write RURAL and give nearest town) offer Deportr Park Takoma Park Takoma d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with form hours 8304 Washington Sanitarium and Hospital Roanoke Ave. apt. YES NO X hours after deoth. 3. NAME OF Middle Lost DATE Year DECEASED 19 67 within FRANK NMN RAY 14 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED hirthday) Months Days Hours 7 - 26 - 10WIDOWED DIVORCED event CV pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)

Painter INDUSTRY **COUNTRY?** Tenn. AUD _ Exominer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ Mary B.- ### Jenkins Unknown Ray pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address Medical permit. (Yes, no, ar unknown) (If yes give war ar dates at service) removal. Mrs. Willie Mae Rav 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH or IMMEDIATE CAUSE (o) word This certificate should cremation, DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause forwarded last. burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES the certificate, 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) should agent, prior PRIMARY G or CONTRIBUTING G CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work at work its designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion DIRECTOR: death resulted from: Natural causes Acrident Suicide Hamicide Undetermined manner the funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE moy be re FUNERAL TO DEPUTY 10 EXAMINER'S O FUNEI Health NAME (Type) county) BURIAL CREMATION. NAME OF CENETERY OR FREMATORY 23b DATE THEREOF 23d tOCATION (City or Town) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE VR AISME (5) Muarlen

		1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
	£	- N. C.	01028 CERTIFICATE OF DEATH 01028						
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7	e be	physician and ph	Housewife Country?						
. }	ficat	phy en p	13. FATHER'S NAME William Carter 14. MOTHER'S MAIDEN NAME						
4	certificate be	Thr	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address						
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2		t pe ation	No None Stock Les Mrs. Helen Royston Laurel, Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]						
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V	23	oy ffer be Stat							
	OR ATTENDING	the the	21. I certify that (I) (this hospital) attended the deceased from 1964, to 1-26, 1967, that (I) (we)	last					
4		with with	saw the deceased alive on 17-14 196 b, and that death occurred at PM, from the causes and on the date stated about 22a_SIGNATURE 22b. DATE SIGNED,	ove.					
	-	DIR DIR DIR DIR Tilled	M.D. ATTENDING WED. STAFF 1/26/67						
	HOSPITAL	rage 4 flag be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the (22c. PHYSICIAN'S NAME (Type) Moston Altschiler In D 5205- Nos Home And File for	j					
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	F	-	Prisonburght Van 28 1967 Gott Finanty Mayorlaw Driver Comment	d_					
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1	Items 18&21 Film 387 3-23MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE	01029 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01029
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before admission)
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I with n pen Exam File p	William Banks Mary Crawford	
0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son 12509 De (Yes, no, or unknown) (If yes give wor or dotes of service) 061-26-4156 Earl S. Reed Wheaton,	
ate shauld be execute g the ward "pending" ed to the Chief Medical s a burial-transit permit crematian, ar remaval	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
be "pe hief ansi	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute hemorrhagic pancreatitis	ONSET AND DEATH
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MEDICAL EXAMINER: The sertifical director. Page 4 should be stained for your files. DIRECTOR: Page 3 should be designated agent, prior stains and stains and stains are stains.	20c. TIME OF INJURY Month, Doγ, Yeor Hour σ.m. p.m. 19 20d. INJURY OCCURRED While of work of work of work Not While of work Not While of work	nty) (Stote)
EX.	21. I certify that Lapok charge of the remains described above, held on Autopsy X, Inspection X, Inquiry	and in my opinion
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MED- please direct direct direct bretaine bretaine	CHIEF MEDICAL EXAMINER	
ple ple retret	SIGNATURE ACCULENT ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S BELOEN REPORT MEDICAL EXAMINER TAN.	13,1967
O D D The C D D THE C	230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((County) (Stote)
	REMOVAL (Specify) 1-16-67 Goshen Cemetery Goshen, Marylan	
VR A15ME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland DAAN 18 1967 256. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 3500 DAAN 18 1967	Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) COUNTY 2, and 3 to PM3. Page with the State Department outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town D. O.A. Rockville e IS RES DENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e certificate, writing the ward "pending" in penc.l in Item 18. Give Pages 1, 5 should be forwarded to the Chief Medical Examiner's Office along with form VILLAGE NAME OF 4 DATE DECEASED EDNA DEATH (Type or pnnt) SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours 9eb 16, 1913 DIVORCED 😾 WIDOWED Y yrs 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working te, even if retired) COUNTRY INDUSTRY New Jersey 24 Own home 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME This certificate shauld be executed within within 72 haurs Ernest Remia May A. Snuder (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1430 Rhode Island Ave. N.W. None 1B CAUSE OF DEATH (Enter only one couse per I ne (b) ond (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (o) DUE TO any (Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse lost. removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY Month Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or lown) (County) (Stote) Hour om. factory, street, office b dq , etc) Not While may be retained far your FUNERAL DIRECTOR: Page at work of work 5 may be refained tar TO FUNERAL DIRECTOR: P Health priar to burial, c 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection X Inquiry and in my opinion Natural couses the funeral directar. deoth resulted from Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23d. LOCAT ON (City or Town) 1967 edan. 25b REG STRARS SIGNALURE 2Sq REC'D BY REGISTRAR VR A15ME (5) 1967 6M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYIAND STATE DEPARTMENT OF HEAITH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01032 CERTIFICATE OF DEATH 01031 The faw requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY Montgomery MARYLAND Montgomery. b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURA, and give negrest town) ely filled in by the bon papers. Page within 72 hours 12 days Silver Spring Olney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled i 700 Taney Road NO DC Montgomery General Hospital NAME OF DATE remove carbon First Middle Lost Month Cov Yeor completely DECEASED Addie Elizabeth 19 67 (Type or print) Rhodes January DEATH IF UNOER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIEO **NEVER MARRIED** lost hirthdov) Months Days Hours Female White WIOOWED OLVORCED gud 10o LISUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote or foreign country) sician (during most of working life, even if retired) INDUSTRY COUNTRY? Tennessee USA Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Reeves Addie Boring 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) 0 Hospital Records signed by the atten burial-transit permi burial, crematian, a no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN IMMEDIATE CAUSE (o) **DUE** TO adhistens "ears Conditions, if ony, which gove rise to immediate couse (a), DUE TO ears. stoting the underlying couse prior to Page 4 may be retained by the hospitol or attending the WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 2 PERFORMED? detached for use te Dept, of Health YES NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS JNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF IN, JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) (State) Hour om. Not While foctory, street, office bldg , etc.) of work ATTENDING ot work 21 | certify that (I) (this hospital) alterded deceased from and that death occurred at 7:30 PM, from causes and on the date stated above DIRECTOR: saw the deceased olive on 22o. SIGNATURE MEO. DIRECTOR STAFF director, page 3 should be filed v M.D. 22c. PHYSICIAN'S TO FUNERAL Charles H. Ligon, NAME (Type) Medical Center, Sandy Spring, Md. 23d LOCATION (City or Town 230 BURIAL CREMATION (Stote) REMOVAL (Specify) Cimiler ustruson 2Sb REG STRAP SIGNATUR REC-D BY REDISTRAR VR A15 (4) 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01033 CERTIFICATE OF DEATH 01032 thenth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b €OUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) buriol-transit permit. Then please remove corbon popers. Page buriol, cremotian, or removol, ond in ony event, within 72 hours af Landoven NAME OF HD SPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Box 459-Lottsford Rd 3 NAME OF DECEASED (Type or print) B. DATE OF BIRTH 1967 January 9 AGE (In years lost birthday) 6. COLOR OR RACE WIDOWED DIVORCED 10b KIND OF BUSINESS OS apt. 10o JSUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Employed-co Tennsylvani 13. FATHER'S NAME Graham 17, INFORMANT Mrs. Edna, E. Rices Same as Item 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war at dates of service) Kecords 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PARY I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burnol-tronsit p IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove : rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO [200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) (IF EITHER, ND TIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg , etc.) While of work O FUNERAL DIRECTOR: After 19 6, to 1/1/ , 1967, that (4) (we) last 2) I certify that (1) (this haspital) attended the deceased from 12/30 director, page 3 should should be filed with the 19 67, and that death accurred at H A M, from couses and an the date stated above 1/11 saw the deceased alive on_ 22o, SIGNATURE 22b. DATE SIGNED Errech T. Kembele STAFF MED. DIRECTOR 1-11-67 MD 22d ADDRES 927 Pershing Drive, Silver Spring, Md. 22c. PHYSICIAN'S NAME (Type) Seruch T. Kimble, M.D. 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY ((county) (Stote) BUTTA (pecify) Bladensburg, Marylan Ft. Lincoln Cemetery 24. FUNERAL DIRECTOR ADDRESS 250. REED BY REGISTRAR Ritchie Bros. Upper Marlboro, Md.

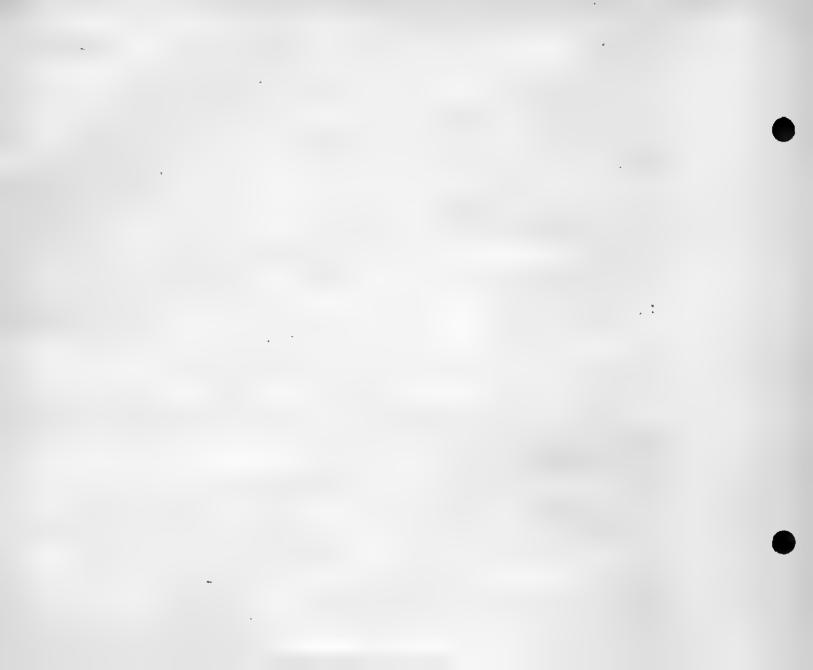
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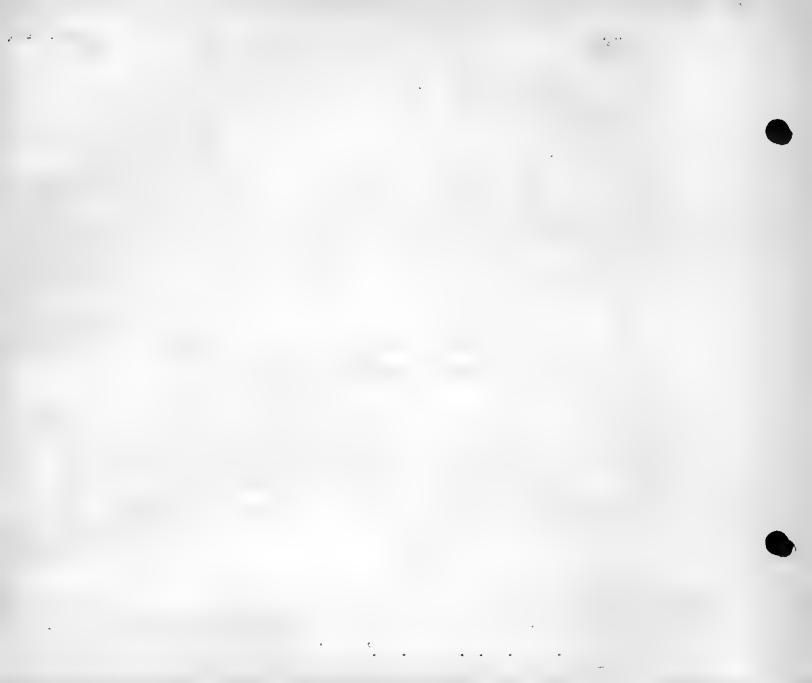
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01034 01033 CERTIFICATE OF DEATH deoth. the low requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE h. COUNTY a. COUNTY on 190 Mercy MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 3 hrs 6700 3das e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give indeed oddress) d STREET ADDRESS within 72 NO DE YES NAME OF Middle 4. DATE Doy Year DECEASED' OF 19 (Type or print) TICH DEATH AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ost buthday) Months Doys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY 4.5 during most of working life, even if retired) LNOUSTRY Sristo SalesmAN en MOTHER'S MAIDEN NAME 13. FATHER'S NAME nia IS WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI BelTsville (Yes, no, or unknown) If fives a ve wor or dofes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate couse (a), **DUE TO** stating the underlying couse os the prior to l be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? cinomiom NO Po 20b DESERIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [detached f te Dept. of l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 203 INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) 19 of work ot work he deceased from_______, 19 5 G ta Jam 2 7 , 1967, that (I) (we) last _______196_7, and that death accurred at 12565 M, from causes and an the date stated above ., 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Jun . 22 220 SIGNATURE 22b / DATE SIGNED **ATTENDING** MED DIRECTOR 山 M.D PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) URLIN 4600 director, 23c NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL CREMAT ON 23b DATE THEREOF 23d LOCATION (City or Town) (County) BEMOVAL (Specify) 254 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR ADDRESS. 3603 VR A15 (4) 20 M 1/66 DATE L*620110



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH 01034 01036 the executed within 24 hours after death. the funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) .o. COUNTY o. STATE b. COUNTY b CITY OR TOWN (if outside certiforate limits, write RURAL and give neatest town) MARYLAND hours after c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Betheoda -20min filled in ! burial-transit permit. Then please remave carbán papers. burial, crematian, ar remaval, and 111 any event, within 72 hc d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARMA, EMERL 3 NAME OF 4. DATE Middle Doy Year DECEASED OF DEATH AWRENCE 19 6 (Type or print) 9 AGE (Veors S SEX IF JNDER I YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 7/8/051 bethdoy) Months Dovs Hours DIVORCED WIDOWED 10c USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physicia. during most of working life, even if retired) INDUSTRY COUNTRY? Interior DecekA tok 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME attending phys (Unknown James Richards Watkins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN' Address >> -(Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) fond (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by be retained by the hospital ar attending physician. DHF TO Conditions, if only, which gove 3 (b) rise to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been Health priar to the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CATION for use NO P Heullieul 3. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg. etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from the kee saw the deceased alive on 1/2 1/2 1967, and that death accurred at the front towies and an the date stated above. 22o. SIGNATURE ATTENDING PHYS DIRECTOR director, page 3 should be filed v 22d ADDRESS 22c PHYSICIAN S NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE THEREOF (County) B REMOVAL (Specify) Lincoln Cemetery Bladensburg Joseph Ga 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



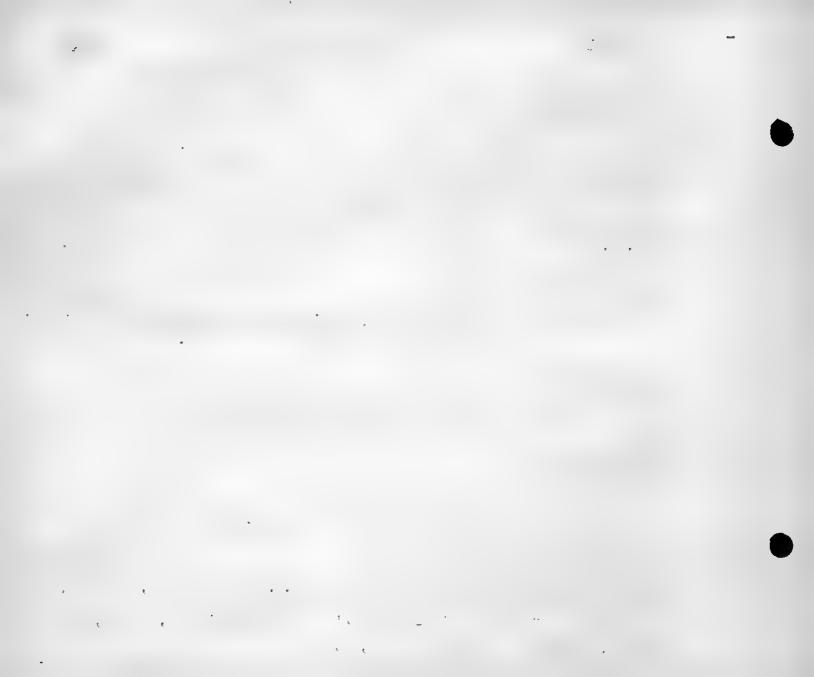
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01035 FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY o. STATE b COUNTY. 2, and 3 to PM3. Page delay pages 1 and 2 with the State Department LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fown) c CITY OR JOWN (If outside condorpte limits, write RURAL and give negrest town) IS RES DENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTIBUTION (If not inchaspital, give street address) Examiner's Office alang with farm Give Pag≡s YES NO S be executed within 24 hours after dilath. NAME OF 4. DATE Month Year DECEASED de-19 6 (Type or pant) = DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUS NESS OR BIRTHPLACE (Stote or foreign country) 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY 13. EATHER S NAME 14. MOTHER'S MASTEN NAME 17 INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) e certificate, writing the ward pending shauld be forwarded to the Chef Medical INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 3 ONE AND DEATH burral-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction, recent and remate any event This certificate shauld DUE TO 1/2015. Conditions, if any, which gave Coronary arteriosclerosis rise to immediate cause (a), 2 DUE TO stoting the underlying couse D and a as ! 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) shauld be used removal, CERT FICATION YES X NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of enury in Part I or Part II of Jem 18) PRIMARY | or CONTRIBUTING | crematian, or CAUSE OF DEATH. MEDICAL 20d NauRY OCCURRED 20e P. ACE OF INJURY (Hame form 20f (City or town) (County) 20s TIME OF N. JRY Month Day, Year Hour o.m factory, street, office bidg. etc.) Not While FUNERAL DIRECTOR: Page al work L ot work Inspection 📉 21. I certify that I took charge of the remoins described obove, held on Autopsy Inqu'ry 📉 and in my opinion Su cide death resulted from Noturol couses Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER Im Is. Bal ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MED CAL EXAM NER **EXAMINER'S** 5 may TO FUNE Health Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23h DATE THEREOF (County) (State) 230 BURIAL CREMATION. REMOVAL (Specify) Fort Lincoln Cemetery Prince Georges .a. 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR Inc. VR A15ME (5) 6M 1/67 AVe.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01038 01037 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and completely filled in by the funeral remove carbon papers. Pages 1 and in any event, within 72 hours after death ! PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Florida a. COUNTY b. COUNTY Montgomery MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate limits, write RURAL prid give nearest town) Bethesda 62 days Jacksonville d. NAME OF HOSP TAL OR INSTITUTION (If not in bosontal, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Naval Hospital 3950 Aldington Drive YES NO TO 3 NAME OF 4 DATE Month Day Year DECEASED 19 67 January 25 Roy Edward Ripley ĎĖATH (Type or print) IF LINDER 1 YEAR S SEX 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthdoy) Hours Dovs Male Cauc 3 April 1912 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY U.S. tending physicion c mit, then please or removal, and in during most of working life, even if retired) **YATZUGNI** Lake City, Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Ripley Hannah Gray IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 3950esAldington Drive signed by the ottending burial-transit permit, burial, cremotion, or rei (Yes, no, arunknown) (If yes give war or dates of service) Wife. Mrs Elsie Ripley Jacksonville, Fla. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Squamous cell carcinoma nasopharynx S CAUSED BY. With diffuse metastases to bone marrow. ONSET AND DEATH PART I DEATH WAS CAUSED BY. **DUE TO** Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse hos been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🕶 NO TO FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN: 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING be retoined by the hospitol OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 21. I certify that (I) this changed) attended the deceased fram 24 NOV , 19.66, to 25 JAN , 19.67 that (I) (we) last saw the deceased glive an 25 JAN 19.67, and that death accurred at 0.8002M, fram causes and an the date stated above. director, page 3 should should be filed with the saw the deceased alive an 25 JAN 22b. DATE SIGNED 22o. SIGNATURES STAFF 27 JAN 1967 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ELLIOT PERLIN U.S. NAVAL HOSPITAL, BETHESDA, MD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVE (Sectify) 1-30-67 ARLINGTON NAT'L CEMETARY ARLINGTON, FAIRFAX, VIRGINIA 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY 7557 WISCONSIN AVE, BETHESDA VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01039 OF DEATH MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) c. STATE b COUNTY b. COUNTY delay is and 3 to P.M.3. Page land2 with the State Department of GOMERIE C VENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) рио d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Item 18 Give Pages 1, 7 Office along with form YES NO DX This certificate should be executed within 24 haurs after death NAME OF Month Middle DATE DECEASED DEATH Type or pnnt) IF UNDER 1 YEAR 9 AGE (In years F UNDER 6 COLOR 7 MARRIED NEVER MARRIED DATE OF BIRTH birthday) Hours haurs after death. DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane working I feneven it retired) the certificate, writing the ward "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME INFORMANT any event w.thin 72 16 SOCIAL SECURITY NO (Yes, ar wiknown) (If yes give war ar dates at service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN venor End pure eino ni industriant auc brigative DUE TO Chronic. Alcoholism Conditions if ony, which gove rise to immediate cause (a), _ DUE TO 0 stating the underlying cause 90 be used PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY remayal, PERFORMED? the certificate, Fr tur. I fi ankla 24 nours 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NILRY OCCURRED (Enter nature of in Lry in Part I or Part II of tem 18) 3 should PRIMARY I or CONTRIBUTING ON Fall & + home - causing compensand fractions CAUSE OF DEATH cremotion, 20d INJURY OCC P 20c TIME OF INJRY Month, Day, Year PLACE OF NJURY (Hame, farm (City or tawn) (Stote) foctory, street, office b do . etc) may be retained for your FUNERAL DIRECTOR: Page at wark 🔲 of work 21. I certify that I took charge of the remains described above, held on Autopsy 📈 Inspection 7 and in my apinian Natural causes 199 death resulted fram Suicide Undetermined monner funeral director be retained CHIEF MEDICAL EXAMINER Health prior to ofm is Boll ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION 23d LOCATION (City or Town) (County) (State) 50 27-1967 256# REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01040 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01039 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY-Page ÷0 MARYLAND with the State Department c. LENGTH OF STAY IN 16 b. CITY OR TOWN (II outside corporate limits. ide corporate limits, write RURAL and give Aearest town) write RURAL and give d NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS along with farm IP NO in Item 18. Give Pages YES 24 hours after death. NAME OF Frst Middle DATE Doy Year DECEASED OF DEATH (Type or print) SEX IF UNDER IF UNDER 24 HRS 7 MARRIED NEVER MARRIED (In years last birthday) Months Doys Hours eath. WIDOWED DIVORCED Office 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired? IND STRY COUNTRY? value) 10 Examiner 13 FATHER S NAME 14 MOTHER'S MADEN NAME be executed within penci pac within 72 hours 17 INFORMAN Address IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO Chief Med.cal (Yes, no. or unknown) (I yes give wor or dotes of service) pending" INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ANSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY. event Introcranial to .por .l IMMEDIATE CAUSE (o) writing the word This certificate should DUE TO 196 in any Conditions, if only, which gove Due to contanital amountain rise to immediate couse (o), farwarded to DUE TO D stoting the underlying couse and last. OS nseq PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS: remayal, CERT F.CATION NO the certificate, be shau'd be 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 3 should PRIMARY CONTRIBUTING CO ū CAUSE OF DEATH. crematian, MEDICAL 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c T.ME OF INJURY Month, Doy, Year Hour om. foctory, street, office bldg , etc.) Page Not While of work of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection A Inquiry and in my opinion FUNERAL DIRECTOR: death resulted fram: Natural causes Accident Su cide Ham cide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER Health prior SIGNATURE funero O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type 230 BURIAL, CREMATION DATE THEREOF 23c 0 25g REC D BY REGISTRAR 2Sb REG STRARS 24 FUNERAL DIRECTOR VR A15ME (5) 6 1967 6M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01041 CERTIFICATE OF DEATH deoth. ond 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) of STATE b. COUNTY PLACE OF DEATH O a. COUNTY Montgmery happendig completely filled in by the fur lease remove carbon papers. Pages 1 and in ony event, within 72 hours after Moutemery MARYLAND executed within 24 haurs ofter 5 LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, Takoma Park ACK days Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Washington Sanitarium and Hospital 8303 Hartford Avenue NO To 3 NAME OF DATE Month Day Year DECEASED (Type or print) Rebert Howard Rebertsen 19 67 DEATH January IF UNDER I YEAR IF JNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours white male WIDOWED DIVORCED 11-15-09 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS AR 11.BIRTHPLACE (County & Stote, or foreign country) IND_STRY CONSTRUCTION 12 CITIZEN OF WHAT during most of working ife, even if retired) **COUNTRY ?** Dreapare Doob Contrac North Carolina America requires that the death certificat 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME phys en pl 0 cremation, or removal, James Robertson Ida Creed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Hartford Avenue (Yes, na, ar unknown) (If yes give wor or dates of service None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) signed by the burial-transit (PART I. DEATH WAS CAUSED BY **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Gr TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur om factory, street, office b dg , etc) Not While ot wark 1966 to 1-/3, 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 2-21 director, page 3 should should be filed with the 1967, and that death accurred at 2 32 M, fram causes and an the date stated above saw the deceased alive an O FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 22d PHYSICIAN S NAME (Type) 23b. DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Toylin) 230 BURIAL, CREMATION (County) lan 16 George Washington Cemete VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01042 and 2 The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY a. STATE Maryland Montgomery MARYLAND c CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (It outs de corparate limits, write RURAL and give nearest town)
Bethesda (rural 61 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? Naval Hospital 7103 Fairfax Road NO X YES T 4. DATE 3. NAME OF First Middle Month Doy Year DECEASED Beulah Carter ROBINSON ĎEATH January 19 67 (Type or print) IF UNDER 24 HRS AGE (In years S SEX 6 (OLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Apr. 13, 1897 WIDOWED X DIVORCED Female Cauc. attending physician and sermit. Then please rem 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CTIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of work no life, even if retired)
Housewife **COUNTRY?** INDUSTRY burial, cremation, ar remayal-sad Hopkinsville, Kentucky USA 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Samuel Henry Carter Mildred V. Whitaker 17. INFORMANT Lane, Chevy ChaseAddress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, pg. ar unknawn) (If yes give war or dates of service) Mrs. Frances C. Hazelwood, 5104 Fairglen INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. EXTENSIVE METASTASES IMMEDIATE CAUSE (o) signed by burial-trans DUE TO CANCER RIGHT BREAST Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES BEEC NO O FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. Nat While factory, street, affice bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased from Nov. 18, 1966, to Jan. 19, 1967, that (1) (we) last saw the deceased alive an Jan. 19, 1967, and that death accurred at 145PM, from causes and an the date stated above. 22b. DATE SIGNED 22g. SIGNATURE **ATTENDING** STAFF 20 JAN 67 DIRECTOR 22d. ADDRESS Naval Hospital, Bethesda, Md. NAME (Type) William R HIX LT MC USN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. Burial (Specify) Arlington National Arlington, Va. 25a. REGD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home Charley VR A15 (4) 20 M 1/66 7557 Wisconsin, Bethesda, Md.



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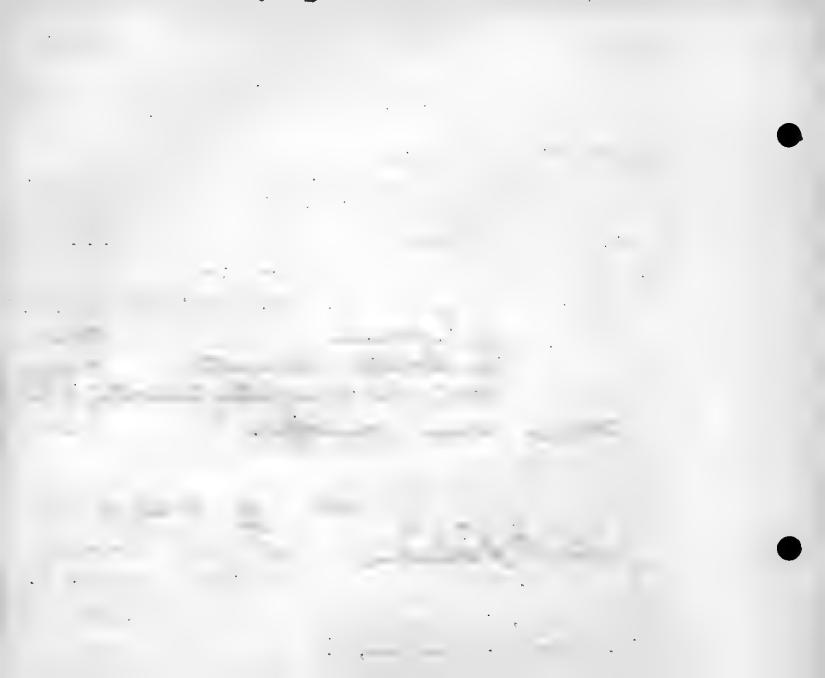
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01044 CERTIFICATE OF DEATH deoth? Sate be executed within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ottending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and o. COUNTY o. STATE b. COUNTY MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest down) popers. Pag hin 72 hours o write RURAL and give nearest town IS RESIDENCE d NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 7301 YES NO Z 3 NAME OF Middle 4. DATE First Lost Year DECEASED OF DEATH (Type or print DATE OF BIRTH IF UNDER T YEAR IF UNDER 24 HR S SEX 9. AGE (In years 6. COLOR OR RACE 7 MARRIEN "NEVER MARRIED lost birthday Months Doys Hours and in any DIVORCED 11. BIRTAPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working lete; even if retired) INDUSTRY Clarel 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME removal, INFORMANT Address 15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If we give wor or dotes of service) ŏ cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) burial cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUE TO signed b Conditions, if ony, which gove rise to immediate couse (a). DUE TO storing the underlying couse os the prior to b the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use Health NO YES 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [1] detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work Poge 4 moy be retained by 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at A. M. from causes and on the date stated above. saw the deceased olive on 220. SIGNATUR 226. DATE SIGNED ATTENDING M.D DIRECTOR PHYS. PHYS. 22d ADDRESS 22C_PHYSICIAN'S NAME (Type) director, should be 23c NAME OF/CEMETERY OR CREMATORY LOCATION (City or Town) (County[TO BURIAL CREMATION DATE THEREOF EMOVAL (Specify) rum/0-19 REGISTRADIS SIGNATURE 2So REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01045 The law requires that the death certificate becauted within 24 haurs after death. death. funeral and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ve carban papers. Pages 1 event, within 72 haurs after MARY! AND 10WPt montgamery b CITY OR TOWN (If outside caroarate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If guiside corparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) ncKvill filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1106 Willis Avenue YES NO TH Ome 4. DATE 3 NAME OF Lost Month Doy Year DECEASED 102 1967 31 DEATH (Type or print) ow/es IF UNDER 24 HRS IF UNDER 1 YEAR DATE OF BIRTH 9 AGE (In years SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED ease remove last birthday) Months Days Hours and in any WIDOWED DIVORCED - XXXX 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done TOD KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Iowa nsurance HSphysici 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME crematian, ar remayal, James A. Rowles Elizabeth E. Elkins 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give war or dates of service) Mrs Mildred Rowles- Item # ves IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by th∎ burraf-transit p 2 ONSET AND DEATH PART I DEATH WAS CAUSED BY. CINOMA IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause with the State Dept. af Health priar ta lost. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour am factory, street, affice bldg., etc.) Not While at wark at wark Uctober, 1966, ta 1-31 , 196 7, that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased fram___ 1967, and that death accurred at 8:40 PM, from causes and an the date stated above -30 saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF M.D. director, page 3 should be filed v PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN /NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BUR AL, CREMATION 23b. DATE THEREOF (County) Bur-Transit Perry, Iowa Hill Violet 25g REC'D BY REGISTRAR Pike ----25b. REGISTRAR'S SIGNATURE RIMERAL DIRECTOR ADDRESS YSON Wheeler Funeral Home-1331 Rockville, VR A15 (4) 967 20 M 1/66 Rockville. Maryland



20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTORE TO STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Louis of the state		1/1/	MARYLAND STATE DEPARTMENT OF HEALTH
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2011 1/03		20M 1/65 V	Warner L. Pumphrey, Inc. Silver Spring, Marte JAN 12 1967 Marley Judge

,	W	ARYLAND STATE		HEALTH	
N	DIVISION OF STATISTICAL R	ESEARCH AND RECOR		STREET, BALTIMORE 1,	MARYLAND
IVI		OEK III IOA			01.045
	1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased I vad, If Institution b. COUNTY	Residence before edmi
	Moutgower	MARYLAND	MARY	LAND IVIO	ONT 60 MEN
	b. CITY OR TOWN (if outs'de corporate timits, prote RURAL and give neared town)	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL e	ind give neerest town)
	_ SILVER SPRING-	16 7RS,	OILUEN	SPRING-	12.
* 3"	d. NAME OF HOSPITAL OR INSTITUTION (II not i		10128 (TREE	wer Ross	o. IS RESID
	10128 GREENOCK X	OAD Middle	101-0 07.22	DATE Month	VES N
	DECEASED (Type or print) WILLIAM	CARNEY	D	OF DEATH /	25 196
		ARRIED NEVER MAIRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
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)	10a, USJAL OCCUPATION (Give kind of work	Ob. KIND OF BUSINESS OR INDUS	TRY 11. B RTHPLACE , County &	State, or fore gn country) 12. C	TIZEN OF WHAT CO
	H.B.I. AGENT KETCH	ENU-S GOUT.	BALTIMO	RE. Mid.	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		*
	THOMAS G	KYAN	MARY	CARNEY	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown), (Hyesgivewarordalesofservice)		INFORMANT 1	Addressy	1/2
	No	216-40-6623	ms Ice J. 14	you some	40 TTL
	18. CAUSE OF DEATH Enter only one cause PART I, DEATH WAS CAUSED BY:				ONSET AND DE
	IMMEDIATE CAUSE (a)	CORONARY	OCELUSI	3 70	3 HM
	10 DUE TO		********		
	Conditions, if any, which (b)	ORONARY AR	TERIOSCLEROSI	>	
	(a), stating the underlying DUE TO cause lest.				
		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDIT ON GIVEN IN PA	RT 1(a) 19. WAS AU
#1	PART II. OTHER SIGNIFICANT CONDITIONS 20% ACCIDENT WAS UNDERLYING 20% ON CONTRAUTING CONTRAUT				YES N
	200 ACCIDENT WAS UNDERLYING _ 200.	DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Pert	or Pert II of Item 18.)	
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	0	20d. INJURY OCCURRED 20e. P	EACE OF INJURY (Home, farm,) :	20f. (City or town) (C	(Sounty)
		st work et work			
	21. I certify that (I) (this hospital)				1965, that (I) (w
	saw the deceased alive on		at death occured at	M, from the causes and on	the date stated
	22e. SIGNATURE	relinion.	ATTENDING MED.	STAFF TOR PHYS.	225,
	22c. PHYSICIAN'S	1 certification	22d. ADDRESS	4	- 0
	NAME (Type, A.C. R	IRCHNER	6480-N.H	· AVZ /AKO,	MA PARK
,	239 BURIAL CREMATION, 236. DATE THEREOF	230 NAME OF CEMETER	Y OR CHATORY 2	3d. LOSATION (City, Owngor cou	inty) My (State
8	BURIAL 11-27-61	Date of Hear	un Camillery	Silver Sprin	G. TRALLIE
60	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRES /	1 00 25s. REC'D E	N D C 40 OF REGISTRAR'S	SIGNATURE
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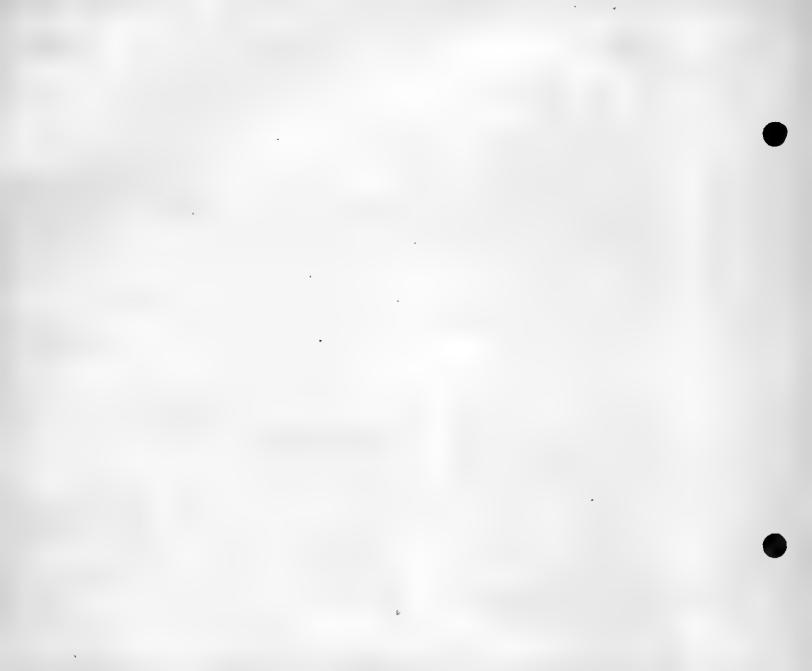
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01049 CERTIFICATE OF DEATH 01048 death aguires that the death certificate by exacuted within 24 hours after Death funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY ... Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. r. LENGTH OF STAY IN 16 Betherds o'(rural') Oxon Hill d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Naval Hospital. Bethesda. Md. 5096 Livingston Terrace YES NO THE carban 3 NAME OF Middle 4. DATE First Last Manth Year DECEASED SANFORD Margaret Ann January 19 67 2 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED remave birthday) Months Davs Hours Female Cauc. July 12. 1886 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a JSUAL OCCUPAT ON (Give kind of work done egse during most of working life, even if retired)
Housewife COUNTRY? **INDUSTRY** Albany. N. Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Hoore Daniel Kernan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 5096 Livingston Terrace, Oxon Hill, Maryland (Yes, no, ar unknown) (If yes give war ar dotes of service) Doris S. Davis 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN al-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Large bowel obstruction with massive peritonitis OUE TO and left strangulated incarcerated femoral hernia Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause the lost 19 WAS AUTOPS? PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES TO NO F certificate Į. 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I at Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year (City or town) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While foctory, street, affice bldg., etc.) at work at work 21. I certify that Of (this hospital) attended the deceased from January. 2 , 19 67, to January 2, 19 67, that (Mr (we) last 1967_, and that death occurred a6: 10A M, from causes and on the date stated above. saw the deceased olive on January 2 22g SIGNATURE 22b DATE SIGNED JANUARY 1967 DIRECTOR M.D. 22c PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) T Naval Hospital, Bethesda, Maryland D. BLANTON, LT MC USN directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF (Stote) 23a. BURIAL CREMATION. Washington. D.C. NON S Mount Olivet Cemetery REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY, REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 96 W. Chambers Co. 517 11th St. S. D. Wash, D. Chair

nea.

2 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01049
HEALTH DEPT.	1. PLACE OF DEATH [] 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1 00	e. county Montgomery Maryland 2. State Maryland Maryland Maryland Maryland Montgomery
ary be be	IN CITY OF TOWN IN SUPPLY COMPANY RELIEF TO A PRINTING COMPANY OF TOWN OF TOWN OF TOWN OF TOWN
to the funeral age 5 may be to Department to Department is after death.	write Rural end give nearest town) Rockville Rockville
the the sitter	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
nd 3 to the Page State D hours ai	13200 Okinawa Ave. 13200 Okinawa Ave.
6.7	3. NAME OF First Middle Last 4. DATE Month Day Year
EV5 #K	(Type or print) MARGARET F. SAVAGE DEATH January 20 19 67
after death. If any de S. Give Pages 1, 2, and ong with form PM3.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min. Min.
ath.	713.
ive Pai	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life in the life of
along along along ages I any on any	Now York US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours after a 18. Give a slow grant grant a slow grant	Unknown Catherine McGowan
24 ho I tterr Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
f within 24 pencil in miner's 0 permit. Femoval, removal,	(Yes, no, or enkown) (Hyes give war or dates of service) No Margaret T. Graham Item # 2
ner moy	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
EXAMINER: This certificate should be executed within 24 hours the certificate, writing the word "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office alt files. Files. FOR: Page 3 should be used as a burlal-transit permit, File page designated agent, prior to burial, cremation, or removal, and in a	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
ecute T. S. In., o	HAO! IMMEDIATE CAUSE (8) COIDIL EL 9 FF130 J.J. CEITE 9 FE COIL SEARCH.
exe ndira dica al-tr	conditions, if eny, which \ m Cardio Vasewise Disease years.
d be "pe Me burl	gave rise to immediate cause (e), stating the DUE TO
oul ord hief s a al, (underlying ceuse last, (c)
icate should be executed the word "pending" in the Chief Medical Exaused as a burlal-transit to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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the certificates the certificates and the certificates are files.	
CAM Can Signature Can Can Can Can Can Can Can Can Can Can	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion
the constitution of the co	death resulted from: Natural causes K, Accident , Sulcide , Homlcide , Undetermined manner
xecute the c Page 4 shou for your files.	ACTUAL John & Ball ASSISTANT MEDICAL EXAMINED 22. DATE SIGNED
<u>≃</u> <u>ĕ</u> <u>o</u> _, o	DEPUTY MEDICAL EXAMINER \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
UTY or. or. ed alth	EXAMINER'S John G. Ball Address (Street, city, town, or county)
O DEPUTY M please execution of the sith of	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of displaying the state of the	Burial 1/23/67 Gate of Heaven Stive Spring, No.
A P	Tyson wheeler funeral Home-1331 Rockville Fixe 23 196/ Fure Registrar's Signature
VR AISME (5) 5M 1/65	rockville, l.d. DATE



The state of the s	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVI AND
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ath atter	(Yes, no, or unkown) (If yes give war or dates of service)	
the the perion	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
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ING I by Wifter be State		7
L OR ATTENDII y be retained JORECTOR: At age 3 should illed with the S	21. Certify that (1) (this hospital) attended the deceased from 1900, to 1900, to 1900	that (1) (we) last
ATT reta sh with	saw the deceased alive on // 8 / 6 / 19 , and that death occurred at M, from the causes and on the 22a. / SIGNATURE 22b. DAT	TE SIGNED
	Caymon Class M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
TO HOSPITAL OR Page 4 may be for FUNERAL DIR director, page should be filed	22c. PHYSICIAO'S D 22d. address 12d. Bl S	1. Spn MD.
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10 T T 10 L	CREMATION 1/19/67 FT LINCOLN BLACENSDURG	~ 1
n P	24. FUNERAL DIRECTOR ADDRESS COMPANY ST 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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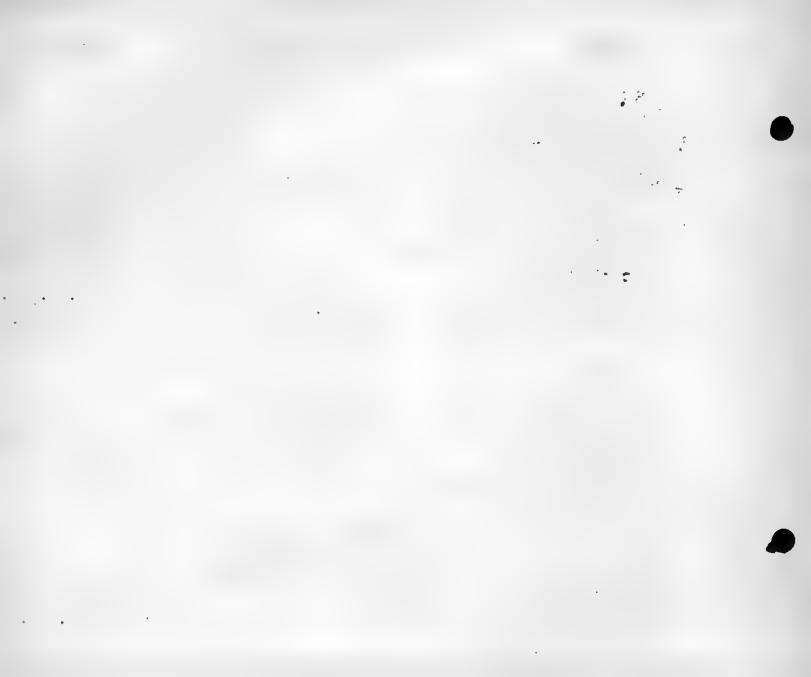


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01051 01052 kidn ond Jampletely filled in by the funeral lease rethove corbon papers. Pages 1 and 2 and in any event, within 72 hours after death... within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY MARYLAND - George b CITY OR TOWN (If butside corporate Amits. CLENGTH OF STAY IN 16 (if autside corporate limits write RURAL and give nearest town) write RURAL and a ve nearest town d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 🔀 3. NAME OF DATE Year DECEASED DEATH (Type or print) S SEX 6 COLOR OR RACE AGE (In years IF UNDER YYEAR 7 MARRIED NEVER MARRIED last birthday) Months Doys Hours WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S-MAIDEN NAME cremotion, or removal, WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Dilluna, Me (Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the Stote Dept. of Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, office bldg, etc.) Not While of work of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram_ 1945, to Journal 12, 1967, that (1) (we) last De ceuter 16 19 66, and that death occurred at 4 A_M, from causes and an the date stated above. sow the deceased alive an... 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR LETTE BY M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S S, SAPPINGTON WISCONSIN NAME (Type) THOMAS 2233 23o. BURTAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d+ LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) TORT LINCOLN ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1220012 VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01052 FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY Maryland Montgomery Montgomery

b CITY OR TOWN , f autside carparate | mits MARY, AND C LENGTH OF STAY IN Th c CIY OR TOWN (If autside carporate limits write RURA, and give nearest town) and P.M3. Takonia orpowe merest town) Silver Spring after d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS S RESIDENCE ON A FARM? hours Washington Sanitarium and Hospital 416 Mississippi Avenue Middie 3 NAME OF First 4 DATE 1/25/67 Day Year DECEASED SERKEDAKIS HELEN **NMN** 19 (Type ar print) DEATH 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost pirthdoy) Hours 3 5/5/1893 WID WED XX DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Homemaker INDUSTRY COUNTRY? USA GREECE certificate shauld be executed within 24 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 120 Evangeline Nihtariou Demetrio Economou File and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Miss.A (Yes, na, ar unknawn) (If yes give war ar dates af serv ce) remayal, Silver Spri Mrs. Aspasia Asvestas INTERVAL BETWEE IB. CAUSE OF DEATH (Enter only one cause per line far, (a), (b) and to ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the ward burial, crematian, DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 7 last. 19 WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) PERFORMED? MEDICAL CERTIFICATION YES p 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ary in Part L or Part L of Item 18) shauld agent, prior PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg, etc.) Nat While FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apin an death resulted from Natural causes R Acoltent Undetermined manher CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY EXAMINER'S NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 0 Georges Co. Md. 1/28/67 Cedar Hill Cemetery Prince 2So RECD BY REGISTRAR 24 FUNERAL DIRECTOR C **ADDRESS** 2Sb REGISTRAR'S SIGNATURE VR A15ME (5



1			L RESEARCH AND RECORDS, 30	PAKIMENT OF HEALTH TW. PRESTON STREET, BALTIMORE, MARY	/LAND 21201
FOR STATE		01054	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01053
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MEDICAL EXA lease execute director Page tained for you JIRECTOR: Page designated a		death resulted from. Natural co	uses Accident , Suic	ide , Hamicide , Undetermined r	nanner 🗓
please e please retained		ACTUAL SIGNATURE	Kloch	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S BELDEN	R. KEAP	M. D. Address (Sheet My Town, or county)	AN. 10, 1967
o DE nece: the f		BURIAL, CREMATION, 23b DATE THEREOF			
1 - 1		REMOVALY (Specify) Jan. 12, FUNERAL DIRECTOR	1967 Rock Creek C	1 2Co DEC'D BY DECISTOAD 1 2Ch C	en, D. C. REGISTRAR'S SIGNATURE
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PHYSICIAN the hospit this certi detached f		County) (State)
tat pe e p	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While p.m. 19 at work at work	
TO HOSPITAL OR ATTENDIN Page 4 may be retained be to FUNERAL DIRECTOR: Aff director, page 3 should be should be filed with the St	21. I certify that (I) (this hospital) attended the deceased from	14.7, that (1) (we) last n the date stated above.
OR AT De re JIRECT SE 3 SE 3 SE 4 With the sed with the s	22a. SIGNATURE 22b.	DATE SIGNED
HOSPITAL Page 4 may FUNERAL D director, page	22c. PHYSICIAN'S NAME (Type) William D. Aud 9006 Colesville Rd. S. S.	11/10/
HOSPITAL age 4 may FUNERAL irector, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or REMOVAL (Specify)	county) (State)
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20M 1/65	Market Committee	00

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01056 CERTIFICATE OF DEATH 01055 requires that the death certificate be executed within 24 haurs after death and death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MONTGOMERY MARYLAND and completely filled in by the fremave carban papers. Pages b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi hin 72 hours o e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS event, within 72 16th. ST. CROSS HOSPITAL 2480 NO 177 3. NAME OF DATE Year DECEASED CLARA 196 (Type or print) DEATH IF UNDER 1 YEAR AF JNDER 24 HRS S SEX AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** ost birthdoy Months Hours WHITE 6/7/ 1892 FEMALE WIDOWED DiVORCED 10a USJAL OCCUPATION (G've kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE COUNTRY? INDUSTRY NEW JERSEY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya JOHN EHRET FRANCES SCHIMMEL 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes no or unknown) (If yes give wor or dotes of service 5 SAMES AS THOMAS J. SHERIDAN cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed | Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse by the haspital ar attending as the this certificate has been lost. 19. WAS AUTOPS?
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		01057		CERTIFICATE	OF DEATH		01056
Page 4 may be retained by the hospital or attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then gieds, remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health prior to burial, cremation, or remavel and in any event, within 72 hours after death	1.	PLACE OF DEATH o. COUNTY Montgomer		MARYLAND	o STATE Maryland		nce Georges
rs after		b CITY OR TOWN (If outside corpor write RURAL and give nearest to Bethesda	nte limits, wn)	c. LENGTH OF STAY IN 16	CHY OR TOWN (If outside co	porate limits, write RURAL and give	neorest town)
hau Is bar	\vdash	d. NAME OF HOSPITAL OR INSTITUTE	IN (If not in hospital,		d STREET AOORESS		e is residence
led in 72	T	ne Clinical Cent			6019 28th Ave	nue	0 IS RESIDENCE ON A FARM? YES NO \\
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d w letel arbi		DECEASED (Type or print)	Edith	(None)	Shumate DE	ATH January	31 1967
cuter ompl	~ .	SEX 6 COLOR OR I		Es Merch Manual	8 DATE OF BIRTH 31 May 1921	9 AGE (In years IF UNOER lost, birthdoy) Months	Doys Hours Min.
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to See 2	13	FATHER'S NAME	.001	JAMANGAT 2 GG G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G	14 MOTHER'S MAIDEN NAME		
phen hen		Lee Nas	h		E	ula Witmore	
equires that the death certificate be executed within 24 haurs after physician. signed by the attending physician and completely filled in by the furburial-transit permit. Then gleds, remave carban papers. Pages I burial, crematian, or remavel and in any event, within 72 haurs after	(1	WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give wor	or dates of service)	239-24-8472 Th	e Clinical Cent	al Records" er, Bethesda, M	aryland
the all		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	one cause per line fo	(a), (b), and (e)nterst	itial		INTERVAL BETWEEN ONSEL AND GEATH
hat n. sy th ansi		IMMEDIAT	E CAUSE (o)	testinal pneumo	mia (Viral)		Days
res t sicio sicio ed b al, c		Conditions, if ony, which gove)	OUE TO R	eticulum cell s	arcoma		6 Months
equí phy sign buri		rise to immediate cause (o), stating the underlying cause	(b)				
ding ding the		lost.	(c)				
The Taw ratending has been se as the the prior ta	Z	PART II OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
or of the house of	ATEC				:		YES-AM NO
SICIAN Sspital certifica certifica t. af He	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEA (IF EITHER, NOTIFY MEDICAL EXAMIN	(TH ER)		(Enter noture of injury in Port I o		45
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, cres	MEDICAL	D.M.	19 While	e Not While for	rary, street, office bldg., etc.)		unty) (State)
NDII d by d be e St		21 I certify that (4) (1	his hospital) otte	nded the deceased from_	Dec • 22 , 1900	to Jan 3L 196 M, fram causes and on t	L , that (1) (we) lost
Figure 11E		220. SIGNATORS	on Jeni-	19 Ot, and the	r dedin accorred dige-	22b. D	ATE SIGNED
RECI WILL		Martin	H. Coh	en- m	D. PHYSMEO.	DR 口 STAFF [31 31 31	January 1967
AL C L DI file		22c. PHYSICIAN'S				linical Center	
SPIT, 4 mc IERA dr, F d be			in HCoh			Health, Bether	
HO:	2:	DEMOMA, ISmedial	DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23	I. LOCATION (City or Town)	(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-	4 ELINGRAL DIRECTOR	3rd 196	ADDRESS	ingate N.C.	Wingate, North	GRIATURE
VR A15 (4) 20 M 1/66	-	Simmons Bros16	61-Good H	ope Rd SE Was	DC DATE FEI	3 2 1967 Ame	warley Judge



1 (A L	ems 18&21 Film 387 3-27-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1
STATE	01058 MEDICAL EYAMINED'S CEDTIFICATE OF DEATH	1057
DEPT.	1. PLACE OF DEATH O COUNTY 2 USUAL RESIDENCE (Where deceosed lived if institution Residence of COUNTY) STATE b COUNTY	
	b. (ITY OR TOWN (if outside corporate limits write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C CITY OR TOWN (if outside corporate mits write RURAL and give nearest town)	
nanis alian nadur	Silver Spring. d. NAME OF HOSPITA. OR INSTITUTION (If not in hospito give street oddress) Holy Cross Hospital 12826 Camellia Drive	e IS RES DENCE ON A FARM? YES NO
1	3 NAME OF Fist Middle Lost 4 DATE Month	Doy Year 6 67
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (n years light hoor) Months D White WIDOWED DIVORCED 9/3/24 42 inthoop) yes	Doys Hours Min.
	the respect of working life, even fredred) INDL'ACCOUNTANT Princeton, Missouri	EN OF WHAT
⊆	William Ira Sims 14 Mothers Maiden name Mary Daisy Laws	
rmit. File oval, and	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 488 –22 – 8273	todolike.
a burial-transit permit. crematian, ar removal,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Acute myocardial infarction	ONSET AND DEATH
nation,	Conditions, if ony, which gove (b) Coronary artery heart disease	
Deliai, cien	Installation Inst	
/	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I(o) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTI	19. WAS A TOPSY PERFORMED? YES NO
·	20c. TIME OF INJURY Month, Doy, Year Hour a.m p.m. 19 20d IN.JRY OCCURRED Solve PLACE OF NJURY (Home, form, foctory, street, office bldg, etc.) 20e PLACE OF NJURY (Home, form, foctory, street, office bldg, etc.)	
designated	21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , deoth resulted from: Natural couses . Accident , Suicide , Hofnicide , Undetermined manner	and in my opinion
₹ .	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	22. DATE SIGNED
Health or its design	NAME (Type) 36LDEN K. TEADY D. Address (Street city, Town, or county) AN. 14	o / 96 / (Stota)
	Burial Jan 20, 1967, Parklawn Cemetery Rockville, Marylan	nature
(5)	John B. Thomas phutshim 8434 Georgia Avenue DATE AN 20 1967 Clearly	En Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01058 s Poges I and 2 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) I. PLACE OF DEATH o. COUNTY / o STATE **6. COUNTY** MARYIAND The law requires that the death certificate be executed within 24 hours after completely filled in by the T b CITY OR TOWN (I outside comparate I miles c LENGTH DE STAY IN 15 CITY OR TOWN (If guiside carporate limits, write RURAL and give negrest town) write RURAL and give negrest town) d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) and in any event, within 72 ON A FARM? YES NO I NAME OF Middle Last 4. DATE Day Year DECEASED OF DEATH JAN 19 6 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years Jast birthday) Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (G've kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) COUNTRY? 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME signed by the ottending, buriol-trans:† permit. The buriol, cremation, or rem 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Landia : 15,000, ac 3 signed by buriol-trans DHE TO Conditions, if any, which gave and Wybel gort rise to immediate cause (a). DUE TO stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been Juial nouroulo, gar Ja WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 📈 NO 20g ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, office bldg , etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram 25 25 saw the deceased alive an 25 10 1967, and that death accurate 1966 ta , and that death accurred at 4 2 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23d VOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION (County) Burra (Specify) 1-14-67 Middletown Luth.Cem. Middletown. Maryland 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT A. PUMPHREY Bethesda, Maryland

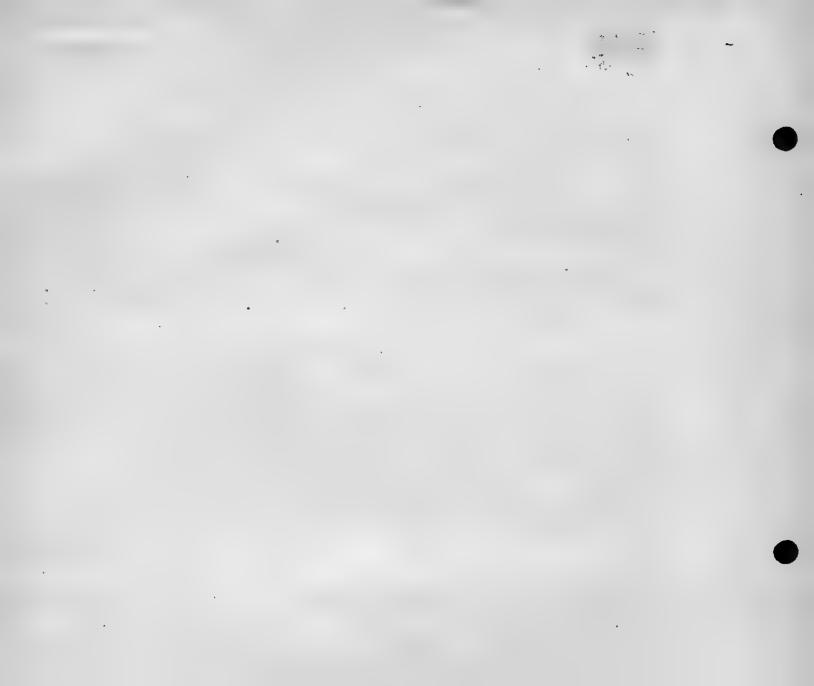
MARYLAND STATE DEPARTMENT OF HEALTH



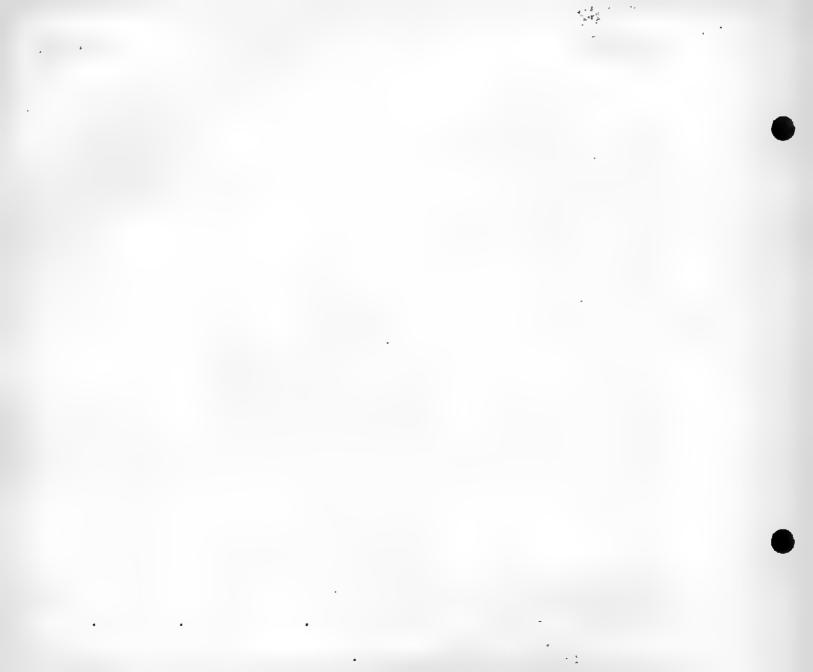
160		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		01060 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0105.9
Pages 1, 2, and 3 to Heart in farm PM3. Page Stote Department of Department of The PM3. Page The PM3	7	PLACE OF DEATH a COUNTY MARYLAND b CITY DR TOWN (if autiside corporate filmits, write RURAL and give nearest lown) With RURAL and give nearest lown) A MAME OF HDSPITA. OR INSTITUTION (if not in hospito give street address) A STREET ADDRESS LENGTH OF STAY IN 1b C CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) A MAME OF HDSPITA. OR INSTITUTION (if not in hospito give street address) A STREET ADDRESS LENGTH OF STAY IN 1b C STREET ADDRESS LENGTH OF STAY IN 1b C ON A FARM?
haurs ofter de Item 18. Give F Office along w Iond 2 with the event within 7	S 7	NAME OF DECEASED (1790 or print) STEDNEN POLL SMIGHT SMIP OF BIRTH PLACE (State or fare gin country) NAMRIED TO STEDNEN TO STEDNEN TO STEDNEN SMIP OF BIRTH STED TO STEDNEN STED TO STEDNEN STED TO STEDNEN SMIP OF
d within in pencil Examine Examine Ile age ond in a	13	FATHER'S NAME MICHAEL SMIGOSKY WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND. 17. INFORMANT 18. nop. gr. upkgown) (II yes give wor ar dates at service) 17. INFORMANT 18. nop. gr. upkgown) (II yes give wor ar dates at service)
ite should the ward d to the Ch a buriof-tre		IB CAUSE OF DEATH (Enter only one couse per Intro (on(o), (b), orl (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE ID Conditions, if ony, which gave isset immediate couse (o), stating the underlying cause lost. (c) DUE TO DUE TO DUE TO Conditions of one couse (o), stating the underlying cause lost.
INER: This certificate, writing should be forworde files. 3 should be used as 3 should be used as ont, prior to buriel.	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH
AM e th our our age	MEDICAL	20c Time OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d INJURY OCCURRED While of work of work foctory, street, office bldg., etc.) 21. I certify that taak charge af the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes Acident Suicide , Hamicide Undetermined manner
O DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your D FUNERAL DIRECTOR: Page Health ar its designated age		ACTUAL SIGNATURE SIGNATURE ASS STANT MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER STANT ME
VR A15ME (5) 6M 1/66	23	BURIAL CREMATION 23b DATE THEREOF 23c, NAME OF CENTER OF

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 01062 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 2 USUAL RESIDENCE (Where deceased led, it institution Residence before admission PLACE OF DEATH 3 to Page ŧ MARYLAND after deoth. r. LENGTH DE STAY IN 16 s de corporate limits, write RuRAL and give necest town) glud Del ote De hours ON A FARM Give Pages 1 YES 4. DATE OF with the Sto within 72 h NAME OF DECEASED DEATH (Type or print) IF UNDER I YEAR 9. AGE n veors FUNDER 24 HR 7 MARRIED NEVER MARRIED birthdoy) Months Hours WIDOWED DIVORCED event 12 CIT ZEN OF WHAT KAND OF BUSINESS OR 10b AUD UI 14. MOTHER'S MAIDEN NAME 13. FATHER S. NAME 를 pup 16 SOCIAL SECURITY NO 17 INFORMANT Address WAS DECEASED EVER IN U.S ARMED FORCES? or removol. pending CAUSE OF DEATH (Enter only one couse per ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) word cremation, DUE TO Conditions, if only which gove rise to immediate couse (o), DHE TO stoting the underlying couse lost burrol, 1 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) prior to 200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING SCRIBE HOW INJURY DICHERRED (Enter noture of injury in Port for Port I of item CAUSE OF DEATH TIME OF INJURY Month, Day, Year todopr, street, office bidg etc Not While of work designoted 21 I certify that I taak charge of the remains described above, held an Autopsy [Inquiry 🔯 and iff my opinion Inspection . Suicide X Undetermined manner Actident Hamicide the funeral director. death resulted from. Natural causes be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MED CAL EXAMINER SIGNATURE 0 **EXAMINER'S** Address (Fred Cay Coling & county) Health , 23d LOCATION (City or Town) (Stote) NAME OF TEMETERY OR CREMATORY DATE THEREOF 0 I-3I-I967 Blue Ridge Cem. Thurmont.Fredk.Co.IId 25b REGISTRAR & SIGNATURE 250. REC D BY REGISTRAR **ADDRESS** 24 EUNERAL DIRECTOR VR A15ME (5) DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death funeral PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Virginia Floyd
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours 190 days Bethesda Indian Valley = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE filled ON A FARM? within The Clinical Center, Bethesda, Md. 20014 Route #1, Box 36 YES NO X completely i within NAME OF DECEASED DATE Year Middle Last 4. Month. Day William DEATH (Type or print) Fav Spence 19 January 24. 67 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months any 4 July 1942 WIDOWED [DIVORCED [Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Deliverer Textile Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph rmit. Then removal William T. Spence Nora Phillips 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(1) yes give war or dates of service)] 16. SOCIAL SECURITY NO. | 17. INFORMANT he Medical Recordiness 5 The Clinical Center, Bethesda, Maryland 20014 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cor Pulmonale Days DUE TO Radiation Pneumonitis Conditions. If any, which 4 Weeks gave rise to immediate the r DUE TO cause (a), stating the Hodgkin's Disease underlying cause last. Year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES X NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. at work at work m.g 21. I certify that (It (this hospital) attended the deceased from July 18 19 66 to Jan. 24 1967 that 0x (we) last DIRECTOR: /
age 3 should
led with the and that death occurred at 6:55. from the causes and on the date stated above. 19 67 saw the deceased alive on Jan. 22b. DATE SIGNED 22a. SIGNATURE De De page ATTENDING \mathbf{x} 24 January 1967 DIRECTOR PHYS. TO FUNERAL PHYSICIAN'S The Clinical Center, National director, p should be NAME (Type) Leroy Fass, MD Institutes of Health, Bethesda, Md. 20014 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ADDRESS 25b. REGISTRAR'S SIGNATURE 24 OF WHERE DIRECTOR: a A 25a. REC'D BY REGISTRAR Pumphrey Inc. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



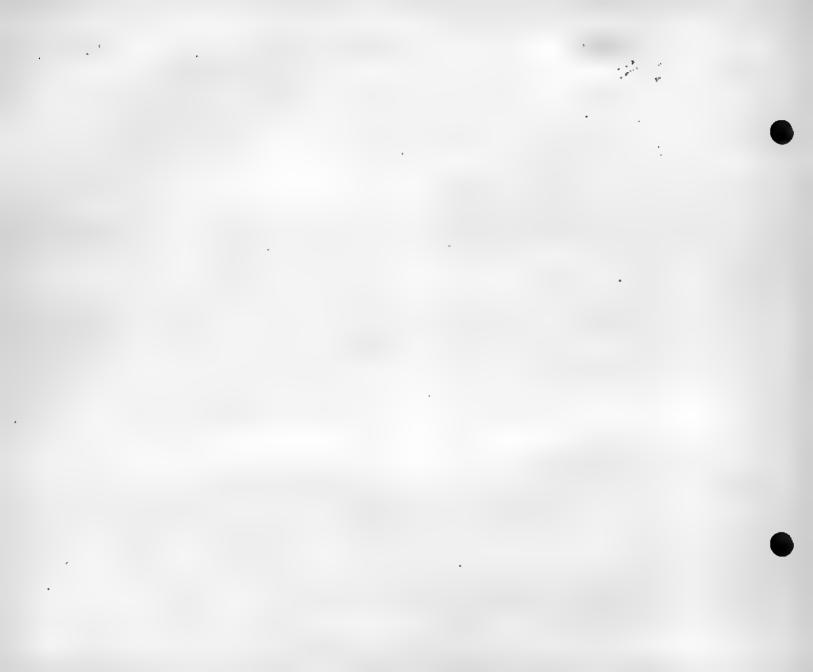
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01063 01064 CERTIFICATE OF DEATH 24 haurs after death death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely fitled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH a COUNTY b. COUNTY Maryland Montgomery MARYLAND Montgomery haurs ofter c CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Silver Spring DOA Silver Spring d STREET ADDRESS e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2 1121 N. Belgrade Road Holy Cross Hospital of Silver Spring within YES NO X be executed within Middle NAME OF First Last 4. DATE Manth Day Year OF DEATH DECEASED 1-15-67 Sauitero Joseph 19 Roger (Type or print) event, 9 AGE (In years IF JNDER I YEAR 1F UNDER 24 HRS SEX 6 COLOR OR RACE 7, MARRIED **NEVER MARRIED** B. DATE OF BIRTH last birthday) Manths Davs Hours WIDOWED DIVORCED in any 6-19-17 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work-done during most of working life, even if retired) 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) LNDJSTRY U.S.A. and New York Coin Machine Rever MERREN Treas ectificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys remaval, Carmen Squitero Antoninette Franko WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes no ar unknown) (II) yes give war or dates of service) 6 Martha Squitero, 1121 N. Belgrade Rd. SS.Md. 079-10-9851 crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per linesfor (a), (b), and (c).) signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K وَ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Statm Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at wark at wark O FUNERAL DIRECTOR: After 1961, to 1-15 21. I certify that (1) (this-hospital) attended the deceased fram, .. 1967, that (I) (we)-last 1-15 19 67, and that death occurred of 1:45 PM, from causes and on the date stated above saw the deceased alive an 1-15 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR -M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S John J. Merendino GOINEW PORT MIL directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Gate of Heaven Cemetery 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR Mariles Pumphrey. 2nc



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	01065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 0106
HEALTH DEPT.	PLACE OF DEATH' 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] 6. 5140
of Hea	b. CITY OR TOWN If four form of hearest longs of hearest longs. C. LENGTH OF STAY IN 1b c. CITY OR TOWN In outside corporate limits, write RURAL and give nearest longs. C. LENGTH OF STAY IN 1b c. CITY OR TOWN In outside corporate limits, write RURAL and give nearest longs.
00	d. NAME OF HOSPITAL ORINSTITUTION OF Act in hospital, give street address) d STREET ADDRESS 11943 Bluffell RC ON A FARM YES NO
refain se State	NAME OF DECEASED (Type or print)
d 3 to 21 may be with 13 ours after	SEX OF GALOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE 1 a years IF UNDER 14 HOUSE 24 HI ON BIRTH 18 UNDER 14 HOUSE Min. WIDOWED DIVORCED 7-21-1896 70 yes Months Day's Hours Min.
Page 5	O. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT 12. CITIZEN OF WHAT COUNT 13. CITIZEN OF WHAT COUNT 14. S. A
Poges 1	Christopher Stanton Christopher Smith.
	S. WAS DECEASED EYR IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 2622 Felter La None None 460 None 426
long wind in ond in	18 CAUSE OF DEATH [Enter only one cause per ince for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSE! AND DEATH ONSE! AND DEATH ONSE! AND DEATH
Office of Italian III	Conditions, if ony, which) (b) (1) Mary Creary Heart Liseasts
a burio	gove rise to immediate cause (a), stating the underlying DUE TO
ending sed os remotion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPST PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPST PERFORMED?
Modic Nedic	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Fort II of item 18.)
ng the re Chie or to b	20c. TIME OF INJURY Month, Doy, Year 20d. (NJURY OCCURRED Haur e. m., p. m. 19 Of work
d ta t d ta t R: Pag ent, pri	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in manner opinion death resulted from. Natural causes . Ascident . Suicide . Homicide . Undetermined manner .
or or sted ag	ACTUAL SIGNATURE DELECEN KI GOLD M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
e the could be the could be designed	EXAMINER'S BELDEYV R. READ M.D. DEPUTY MEDICAL EXAMINER DEM. 11, 1967.
A short	a. BURIAL CREMATION. 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Gan. 14, 1967 Westview Cemetery Palatka, Plorida
5 A15ME 5M 2/57	EUNERAL DIRECTOR'S SIGNATURE Ben Coste, 8434 Georgia Ave. 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Confidence of Silver Spring. Md. DATE JAN 16 1987 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01066 CERTIFICATE OF DEATH 01065 requires that the death certificate be executed within 24 hours after death death and campletely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **B** COUNTY Montgomery MARYLAND Maryland Montgomery
c CITY OR TOWN (# autside corporate lim ts, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate limits. C LENGTH OF STAY IN 15 write RURA, and give nearest tawn)
Bethesda Germantown 6 days d. STREET ADDRESS Cider Barrel Trailer d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 YES NO X Court. Box 193112 3. NAME OF Middle 4 DATE ease remave carban Month Day DECEASED Catherine Starenchak 19 67 (Type or print) Ann DEATH January S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Dovs Hours White WIDOWED DIVORCED 5 May 1940 Female 10o USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Pennsylvania USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jessie Kaylor Catherine Wineman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recordidress (Yes, no, or unknown) (If yes give wor or dates of service) The Clinical Center, Bethesda, Maryland 20014 205-34-7684 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the bur.al-transit p HTASO DOST TELE PART .. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myeloganous Leukemia DUE TO Conditions, if ony, which gove Hepatic necrosis 3 Days rise to immediate cause (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the Extensive ulceration of small intestine mucosa 24 Hours PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Septicemia ? YES EX NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS JNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg, etc.) ot work L at work 21. I certify that (\$\text{this haspital}) attended the deceased fram January 11, 1967, to January 171967, that (\$\text{two} (we) last Page 4 may be retained saw the deceased alive on Jan. 17. 1967, and that death accurred at 4:30 M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING Jan. 17, 1967 DIRECTOR PHYS M.D. 22d ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Jerry L. Spivak, M.D. Institutes of Health, Bethesda, Md. 20014 director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230 BURIAL, CREMATION, 250 REC P-BY REGISTRAR 2Sb. REGISTRAR'S SIGNATU VR A15 (4) 20 M 1/66



1(M	Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01067 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission)
cessary, or. Page r files. f Health,	b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
or your	
e funer stained the State Bate Bath.	Washington Sanitarium & Hospital 8410 Glower Ave. YES NOX
other the	(Type or print) Dora Bertram Stone DEATH 31 1967
eath Ny b virin virin afa	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
after d 2, and 16 5 ma and 2 v 2 hours	Penale White WIDOWED DIVORCED 10 - 14 - 86 WIDOWED WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or fore gn country) 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if relited)
Magaes I within 7	Honsewife Own Home Indiana USA 14. MOTHER'S MAINE 14. MOTHER'S MAINEN NAME
577 5 5	Batram Unknown
ed within 18. Crith forr	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Nyasgiva war ordalas of service) No None 579-34-2136 James R. Stone Silver Spring. Md.
execution in the salong was ransit pand in a	18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Massive myocardial infarction
nid ben ffice v rrial-tr	420 DUE TO Conditions, if any, which \(\begin{align*}
ife shou ding" i ner's O as a bi	gave rise to immediate cause (a), stating the underlying DUE TO
ertifica 1 "pen Examir s used Hion, c	Cause lest. Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
his c	YES NO
INER: Ting the viet Medief Medief School	PRIMARY OF CONTRIBUTING COLOUR CAUSE OF DEATH.
ZAMIN Maritim Ne Chie Page Ir to bu	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Hour e.m. Whila Not White et work et work et work
Paris Barbara	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
rwarded i DIRECT 9d agent,	death resulted from, Natural causes X. Accident . Spicide . Homicide . Undetermined manner .
a Para da	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED DATE SIGNED
DEPUTY sease executs should be for FUNERAL its designali	NAME (Type) Belden Reap Wheaton Myuland Address (Street, city, town, or country) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CHEMPERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0. <u>0</u> 40.9 U.842.9	REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR? ADDRESS ADDRESS
VS. A15ME 5M 7/59	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE FEB 6 1967 Mclianles Queste
1	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01068 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the december in the december of the death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH physician and campletely filled in by the functors on please remove carban papers. Pages 1 fond Montgomery p. COUNTY "Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, van papers. Pages within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give pearest town) Chase Chevy d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5317 WorthingtonDrive YES NO IS Worthington Drive 3. NAME OF Middle DATE please remove carban Doy DECEASED 13, Whitley Suber James January (Type or print) 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF I:NDER 1 YEAR IF INDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours 9-15-1906 and in any Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
College Professor COUNTRY? INDUSTRY Geo. Wash - Univ Mississipoi
14. MOTHERS MAIDEN NAME 13 FATHER S NAME or remayal, the attending phys Robert Lee Suber Nora Hannah 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates of service) See Item No. 2 Edna Swenson Suber-579-54-7694 crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) physician. DUE TO Ingned L Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or attending or EUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use of Health p NO X 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (Stote) 20d INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office blda., etc.) Not While at work et werk 21. 1 certify that (1) (this hospital) attended the deceased fram 1964, 19 to January 13, 1967, that (1) (we) lost sow the deceased olive on January 3 1967, and that death occurred at 11:30 PM, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING January MD. PHYS DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Street, N.W.; Washington, D.C. John Gustafson NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b DATE THEREOF (County) 230. BURIAL CREMATION REMOVAL (Specify) Arlington Nat! Artan Tab. REGISTRAR'S SIGNATURE 1-18-1967 2Se REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) awler's 1967 20 M T/66



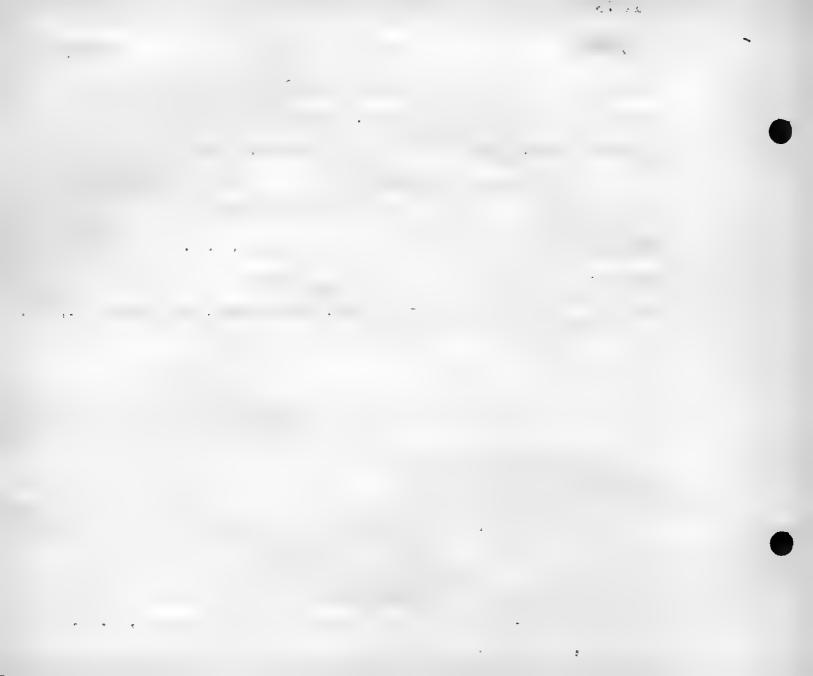
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01069 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01068 EALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY o. STATE b. COUNTY Page 9 MARYLAND Department b (TY OR TOWN (If outside cornorate C LENGTH OF STAY IN 16 uside corporate limits, write RURAL and give nearest town and P.M3. write RURAL and give negrest # d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ne State Der 72 havrs (ON A FARM? YES NO Z haurs after death NAME OF Middle First 4. DATE Lost Doy Year DECEASED 0F # (Type or print) DEATH with 1 S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF LINDER 1 YEAR IF UNDER 24 HRS In years 3 last birthdoy) Months Hours Dovs WIDOWED DIVORCED Office a event in Item 1 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT guring most of working life, even if retired) INDUSTRY COUNTRY? pages 1 in any FAIRCHILD HILLER ELECTRONICS BODOCTON MANAGER 13. FATHER'S NAME certificate should be executed within 14. MOTHER'S MAIDEN NAME puo Chief Medical Es Addres SAME A 16 SOCIAL SECURITY NO INFORMANT perm.t. (Yes, no or unknown) (if yes a ve wor or dates of service) ESTHER remova ES CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN Eretion Recent + Remit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH MYOCArolial Ь IMMEDIATE CAUSE (o) crematian, DUE TO burial Carclie Vascular Disease-Conditions, if any which gove 4 cers rise to immediate couse (a). DUE TO stating the underlying couse forwarded burial, last. PART I OTHER SIGNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES X 2 NO 9 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of tem 1B) shauld prior PRIMARY OF CONTRIBUTING plubus CAUSE OF DEATH. 20c. TIME OF NJURY Month, Doy, Yeor 20d IN. JRY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) please execute of work designated 21 I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 💢 DIRECTOR: Inquiry X. and in my opinion the funeral director. death resulted fram: Natural causes Accident Suicide | Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 5 may be 10 FUNERAL Health ar 1 pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** NHOL G-, NAME (Type) Address (Street, city, town, or county) BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) V SEPULCHRE (EM MASS N. ANDOVER VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01070 CERTIFICATE OF DEATH be executed within 24 hours after death. completely filled in by the funeral ove corbon popers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomery o STATE b. COUNTY MARYLAND Montgomery b CITY OR TOWN (If autside corporate I mits, c. CIFY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1h write_RURAL and give neorest tawn) Wheaton Bethesda BOB. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? University Nursing Home NO S 5913 Ipswich Road YES 3 NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED 1/1/1967 Jeannette Clara Swain 19 (Type or print) DEATH F UNDER TYFAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In veors 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours 12/15/1985 1878 White in any Female WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Housewife INDUSTRY COUNTRY? pleose the attending physician sit permit. Then pleose Washington, D. C. USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, or removol. requires that the death certil Augusta Henry Nau 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Betheada (Yes, no. or unknown) lift yes give war or dates of service) -54-8434 Mrs. Elsie Stewart, 5913 Ipswich Rd. no INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) s has been signed by the cuse as the burial-transit parties to burial, cremation PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? director, page 3 should be detoched for use should be filed with the State Dept. of Health NO I YES TO FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING LI OR CONTRIBUTING CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg , etc.) Not While at work 1966 tolles I certify that (1) (this kosp(tall) attended the deceased fram U 19 6 and that death occurred at 9:30 AM, from causes and on the date stated above saw the deceased aliveron. 22b. DATE SIGNED SIGNATUR STAFF PHYS. DIRECTOR M.D. PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (State) 23o. BURIAL, CREMATION REMOVAL (Spenty) Glenwood Cemetery Washington, D. 1-5-67 25b. REGISTRAR'S SIGNATURE 25o, REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) ROBERT A. PUMPHREY, Bethesda, Maryland Marley 1967 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



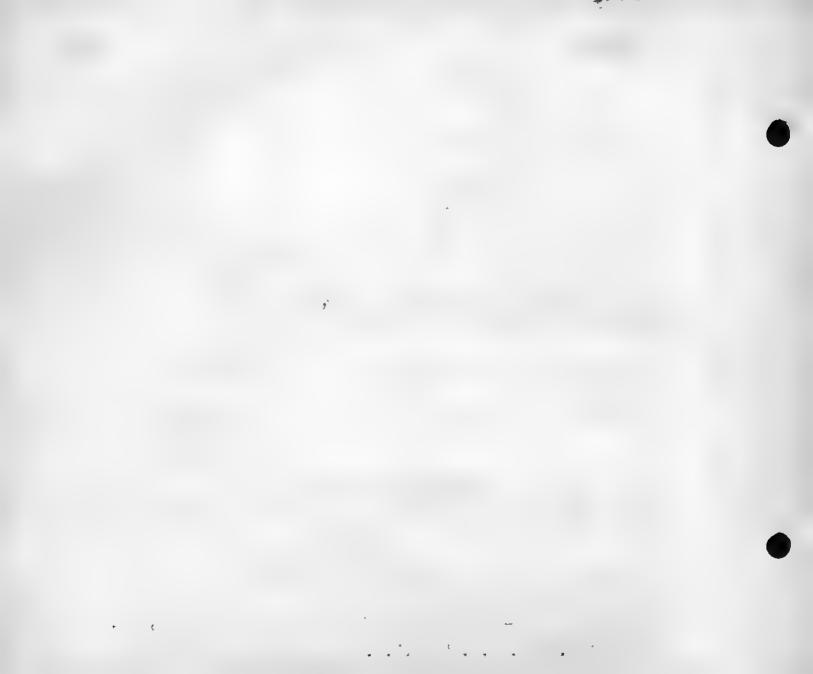
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01072 CERTIFICATE OF DEATH 01071 ond 2 death. PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death ion and tompletely filled in by the funeral base femove carbon papers. Pages I and ind in any event, within 72 hours after deaf PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE 6 COUNTY MARYLAND b CITY DR TOWN (It autside corporate limits, marriand Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest Yown) d. NAME OF HOSPITAL, DR INSTITUTION (If not in hospital, give street address) days anham e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO D please Temove corbon NAME OF 4. DATE Year DECEASED OF DEATH 1967 (Type or print) January Manroe Tearque IF JINDER 1 YEAR B. DATE OF BIRTH 9. AGE (in years LIF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs 11-17-06 and in any WIDOWED DIVORCED [12 CITIZEN OF WHAT 1Do USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working ste, even if retired) COUNTRY? INDUSTRY North Carolina Service Manager the ottending physici sit permit. Then ple 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Martha Id OSCAT TEAGUE WAS DECEASED EVER IN IT'S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address\ (Yes, no, or unknown) (If yes give wor or dotes of service) Sanitorium + Hosp 999-09-9588 Records - Washington 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN **buriol-tronsit** ONSET AND DEATH CEREBRAL 1125012 Hemerrhaus IMMEDIATE CAUSE (o). Poge 4 may be retained by the hospital or attending physician. DUE TO signed ! Conditions, if ony, which gove HUPERTENSICK rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been d for use as the of Heolth prior to WARTERIOSCLERETIC CERIBRE-RENAL-LASCOLAR DISKAKE last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) WAS AUTOPSY PERFORMED? NO 20o, ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 1964 to JAN IX , 1967, that (1) (we) lost 2]. I certify that (1) (this hospital) attended the deceased fram HPRIL sow the deceosed alive on Jan 18 19 47, and that death occurred at 472 AM, from causes and on the date stated above. 22o. SIGNATURE. 22b. DATE SIGNED STAFF PHYS. M.D. abad 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) OBERI 03 director, p 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23c BURIAL CREMATION. 23b DATE THEREOF (State) Fort LINEOLN ADBNSBURG. 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 567 Charles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01073 CERTIFICATE OF DEATH 01072 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral i and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY **b.** COUNTY ontoomery Maryland Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town) weeks Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? illed in papers 10401 Grosvener P Potomac Valley Nursing Home YES NO TX 3 NAME OF Middle 4. DATE carban Lost Month Yeor DECEASED Joseph C Jan. Thoma 19 6 (Type or print) DEATH AGF (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Male White June 29,1883 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 11 8IRTHPLACE (County & Stote or foreign country) during most of working life even if retired) COUNTRY? INDUSTRY Woodbury, New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remova Ferdinand Ross Thoma 17. INFORMANT Mr.5 June Hall 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Ross more Betnesda. (Yes, no, or unknown) (If yes give wor or dotes of service) 6021 094-20-4712 - Daughter-INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: UREMINA IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove 7 WKJ HRUMBULL rise to immediate couse (o). DUE TO stoting the underlying couse as the priar to b PERTENSIUM 19. WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) has CATION PERFORMED? be detached far use State Dept. af Health NO certificate 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or fown) (County) (State) 20c. TIME OF NURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of wark of work 21. I certify that (1) (this haspital) attended the deceased from J A 1959 to JAW , 1967, that (I) (we) last To Hospital or ATTEND Page 4 may be retained saw the deceased alive on JA 729 194), and that death accurred at fine M, from causes and on the date stated above FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED directar, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN S 1 NU JA YZIY MISCONSINAVE NAME (Type) 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Cemetery Suit.
250. REC'D BY REGISTRAR Suitland Cedar Hill 25B REGISTRAR'S SIGNATURE "Gawler's Charley

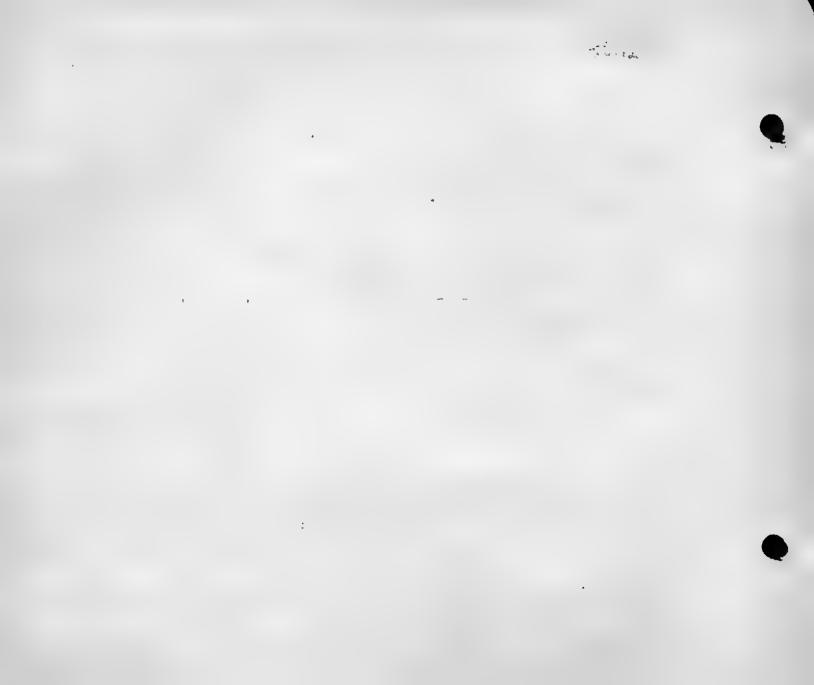


VS ■15 (4) 15M 9/55

01072

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	0107	Ļ		CERTIF	ICA	TE OF DEATH	1		Reg. Dist. No	01073
1.	PLACE OF DEATH o. COUNTY	lontgomery		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Maryla	nd ecease	d lived. If institution b. COUNTY	n: Residence bef	
Т	b. CITY OR TOWN	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				earest lown)	
	RURAL and give nearest town) Ol ney			28 days		Gaithers	burg		13	5.1
d. NAME OF HOSPITAL (If not in hospitat, give street address or Institution Montgomery General				address)		d. STREET ADDRESS Rt. 2, B	ox 18	5		e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	WII.	LIAM	MCKI NLEY	'T'	HOMAS Last	4. DATE OF DEATH	Man 1	th 19	1967
5.	Male	6. COLOR OR RACE		RIED NEVER MARRIED Selbevorced [7/4/94		9 AGE (In years lost birthdoy) /2 yrs.	Months Days	R IF UNDER 24 HRS, Hours Min.
100	USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUST	IRY 11. BIRTHPLACE (Stote of Maryl		ountry)	12. CITIZEN	OF WHAT COUNTRY/
13.	Samue.	l The	mas			14. MOTHER'S MAIDEN N				
15. (Ye	WAS DECEASED EN	FIN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		FORMANT		Add		
	yes			218-20-1430	H	ospital Recor	ds,	Olney, Ma	aryland	
NOI	Conditions, if gove rise to cause (a), stotin lying cause last	g the under-	×	Legenteersee teens school scho		Could zoce	Rigi	dozan	/	5 442 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b, DES	CRIBE HOW INJURY OCC	URRED.	. (Enter nature of injury in Po	art 1 or Pari	I II of item 18.)		YES, NO
MEDICAL	20c. TIME OF INJU Haur a, fi p. m	18	ar 20d. li While at wor	Not while	e, PLAC	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City	or town)	(County)	(State)
	21. I certify alive on	A. Dement	126	e2,, and that de		occurred at 7:00 P			nd on the do	aw the deceased ste stated above. DATE SIGNED 1/20/6/
1	BURIAL, CREMATI REMOVAL (Specif	1 24 Jan,	1967	22c. NAME OF CEMETE ANIMATO	RY OR	Mationy National	Ar	MON (City, town, o	v li	(Stote)
23,	FUNERAL DIRECTO	RS SIGNATURE	Car 1	ADDRESS /	e /	and 240 REC'D	BÉREGIST	196 24b. REGIS	TRAP'S SIGNATU	ne udge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01075 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN c LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 🔀 NAME OF Middle Last Dov DECEASED (Type or print) DEATH S SEX 6 COLOR OR RACE AGE (In years NEVER MARRIED lost b rthday) Months Haurs WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 SRTHPLACE (Caunty & State, or fareign country) 12 CIT-ZEN OF WHAT during most af working ite, even if retired) INDUSTRY, COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 2018 Forest Dale Dr. Robert G. Thompson Dr. Silver Spring. cremation, INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burnal-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) C burial, Conditions, if any, which gave nse ta immediate couse (o), **DUE TO** stating the underlying couse the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO IV jo 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Not While at wark at wark , 19,67, that (I) (we) last saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED ATTENDING 10.196 DIRECTOR PHYS. 22d ADDRESS NAME (Type) ERONINA TROOST N. 11. 10236 and. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BURGAL (Specify) Arlington, Virginia Arlington National Cem. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) ylen Carter 20 M 1/66

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46, 40



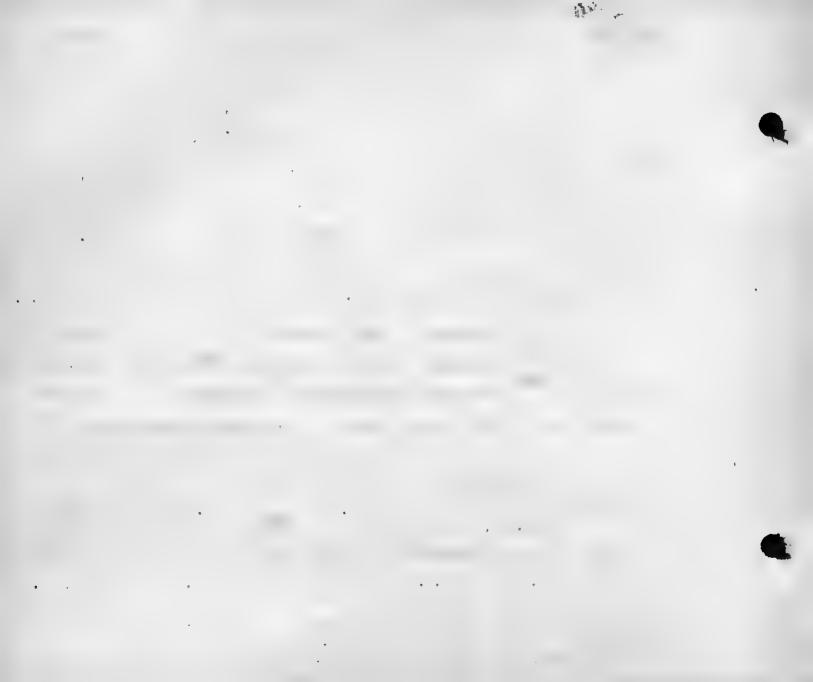
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01077 CERTIFICATE 01076 OF DEATH and 2 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission the attending physician and campletely filled in by the funeral sit permit. Then alease remove carban papers. Pages 1 and nation, or removed, and in any event, within 72 haurs after deat PLACE OF DEATH a. COUNTY b. COUNTY MARYIAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town! e IS RESIDENCE ON A FARM? d. STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES 🗌 NO 1 law requires that the death certificate be executed within 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED **OF** DEATH (Type or print) IF UNDER 24 HRS S SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or Joyelan cauntry) during toost of working life, eyen if retired) 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending burial-transit permit. I a burial, crematian, or ren 16. SOCIAL SECURITY NO. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. **DUE TO** Conditions, if any, which gave) rise to immediate cause (a), **DUE TO** stating the underlying couse far use as the t fHealth priar ta b O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES NO by the haspital ar 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Haur a m. Not While ot work at work shauld be 21. I certify that (I) (this hospital) attended the deceased fram 1962, that (I) (we) lost be retained and that death occurred at M, from causes and an the date stated above. sow the deceased alive an 22b. DATE SIGNED 22g SIGNATURE ATTENDING DIRECTOR M.D. PHYS PHYS 22d, ADDRESS 22c PHYSICIAN'S Page 4 may NAME (Type) LEONARD directar, shauld 234 NAME, OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Town) (Stote) 23o. BUR AL, CREMATION, REMOVAL (Specify) 2Sq REC'D 8Y REGISTRAR-VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01078 01077 by the funeral Pages 1 and 2 rurs after geath, requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MARY LAND MONT GOMERY MONTGOMERY ompletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate innits, write RURAL and give nearest town) SILVER SPRING OLNEY DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? MONTGOMERY GENERAL HOSPITAL 550 EDNOR ROAD YES NO 3 NAME OF Middle 4. DATE Lost Doy Year DECEASED 19 67 12. LYDIA (NMN) TUCKER JAN UARY Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED X emave birthdoy) Months Doys Hours 7/29/80 WHITE FEMALE WIDOWED DIVORCED pud 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
SELF-EMPLOYED INDUSTRY COUNTRY ? USA RESTAURANT OWNER MARY LAND 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remava SUSAN MURPHY BENJAMIN TUCKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) HOSPITAL RECORDS NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) signed by by the haspital or attending physician. DUE TO Conditions, if any, which gave use to immediate cause (o), DUE TO stoting the underlying couse as the has been lost. 19 WAS AUTOPS PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) PERFORMED? Hearth | YES | NO K certificate jo 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port 1 of Item 18) 20g ACCIDENT WAS UNDERLYING [letached for Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF NJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) DIRECTOR: After this Not While foctory, street, office bldg., etc.) O HOSPITAL OR ATTENDING of work of work 21 I certify that (1) (this haspital) attended the deceased fram August 1956 to 1962, that (1) (we) lust be retained saw the deceased alive an fam 12 1962, and that death accurred at 9.15 A.M., from causes and an the date stated above. 22 p. SIGNATURE 22b. DATE SIGNED DIRECTOR MD PHYS 22d. ADDRESS 22t. PHYSICIAN'S directar, pag shauld be fil Page 4 may O FUNERAL MEDICAL CENTER, SANDY SPRING, MARYLAND NAME (Type) A.D. BONIFANT. M.D. 23d LOCATION (City or Town) 230 BURIAL CREMATION DATE THEREOF (Stote 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE JAN



CERTIFICATE OF DEATH 01078 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery Marvland Montgomery CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) Silver Spring about 22 hours. Silver Spring, 20901 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Holy Cross Hospital 9908 Merwood Lane YES 🗍 NO 🚺 NAME OF 4. DATE Middle DECEASED MM (Type or print) DEATH Sarah Tudge 1967 January 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours Female White WIDOWED IX DIVORCED [March 9. 1873 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) own Home Maruland Housewife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Caroline (Unknown) John Weisel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 577-03-011292 9908 Merwood Lane S.S. Mrs. Helen Mastbrook 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 63 HEART FAILURE CINGESTIVE IMMEDIATE CAUSE (6) DISEATE - ATHERUSCLEROSIS Conditions, if ony, which ARTERI gove rise to immediate couse (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? FIBRILLATION, CHRINIC YES NO MUDICARDIAL FNFARCTION 1963 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work p. m 21. I certify that (1) (this haspital) attended the deceased fram. NOV. 5 19.67, that (1) (we) last 1257 to Jan. 18 22a, SIGNATURE 22b, DATE SIGNED M.D. PHYS DIRECTOR -22c. PHYSICIAN 22d. ADDRESS James A. Roberts. M.D. 8907 Georgia Ave. Silver Spring, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown, or county). (State) BREMOVAL (Specify) edar Hill Cemeteru Suitland, Maryland 25b. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR 15M 9/59



₩n	1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
par.	(4)		01080 Iters #3 & 1	CERTIFICATE	OF DEATH	LIMORL, MARTERIES 2	01079
	funeral l ond	1	PLACE OF DEATH O. COUNTY MONTGOME Req	MARYLAND	Maruland !	ceased lived, if institution Reside	GEMERU
_	hours offer death by the funeral s. Pages I and hoursaffer death		write RURAL and give nearest town)	c LENGTH OF STAY IN 16	Kensingt	parate limits, write RURAL and g	ye necrest town)
	It the deoth certificate be executed within 24 ho the attending physician and completely filled in 1sit permit. Then please remove corbon papers. mation, arremovol, and in any event, within 72 h		A NAME OF HOSP TAL OR INSTITUTION (If not in hosp HOLY CROSS +	HOSPITAL	3401 Uni		e, is residence on a farm? YES NO
	cuted with ompletely to ve corbon event, with		NAME OF First DECEASED [Type or print] First MY 6/A/A/A		an Meter DE	ATH P	15 19 6 7 R I YEAR TF UNDER 24 HRS
	execut nd com emove any ev		temale white wino		1 15 6 7	last birthday) Months yrs.	
	cate be executed to consider the constant of constant	duri	ng most of working l.le, even if retired) FATHER'S NAME	INDUSTRY	mont. Co. 7	hd.	COUNTRY?
	eoth certifi inding phy nit. Then or removol	IS	Robert Hugh L	Jan Meter	SINAPRIR	H Relle	1
	attend permit.	{Ye	s, no, or unknown) (If yes give wor or dates af service) 1B. CAUSE OF DEATH (Enter only one couse per lit	NODE 4	13	#2 d	INTERVAL BETWEEN
	equires the physicion. signed by buriol-trar burial, cre		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. (t)	Hydrops FeTA	ASE OF NEW	Lboan	ONSET AND DEATH
	AN: The law ra al or attending icate has Een for use os the Heolth priar to	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
	ATTENDING PHYSICIAN: The law re etained by the haspital or attending CTOR: After this certificate has ■men should be detached for use as the vith the State Dept. of Health priar to	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	05. OESCRIBE HOW INJURY OCCURRED. (I			
	DING PHYSIC by the hospit frer this certi be detached Stote Dept. of	MEDICAL	Hour o.m. 19 c	While Not While focto	ry, street, office bldg., etc.)		County) (State)
	R ATTENDI s retoined b RECTOR: Aff 3 should b I with the St		21. I certify that (1) (this haspital) a saw the deceased alive an		death accurred at	_M, fram causes and an	7, that (I) (we) la the date stated abav DATE SIGNED
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with th		20. PHYSICIAN'S NAME (Type) W. II. AM F.	Colliton Fr.	ATTENDING MED. PHYS. DIRECTO	STAFF C	Sfant's
	TO HOSPITAL Poge 4 may TO FUNERAL director, pog should be fi		BURIAL (REMATION, 23b DATE THEREOF REMOVAL (Specify) BURIAL 1-17-67	23c NAME OF CEMETERY OR COME Olivet C		LOCATION (City or Yown) Washington. SISTRAR 286. REGISTRARS	(County) (Stote) DC
	VR A15 (4) 20 M 1/66		FUNERAL DIRECTOR See Funeral Home, 30			10 100	Signature



20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01081 01082 y filled in by the funeral on papers. Pages Jand 2 within 72 hours after death ate be executed within 24 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (f autside (orporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and in any event, within 72 hours d STREET ADDRESS IS RESIDENC NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) ON A FARM NO YES please remave carbon NAME OF Middle Lost DATE Doy Year completely OF DEATH DECEASED 20 19 (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH **NEVER MARRIED** last birthday) Days Manths Hours WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Accounding Clerk-COUNTRY? INDUSTRY S Connecticut Dept. 14. MOTHER'S MAIDEN NAMI burial, cremation, or removal, by the attending plays E. Moore 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. requires that the death (Yes, no, or unknown) (If yes give wor ar dates of service -9960 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (o), r this certificate has been si detached far use as the bi te Dept af Health priar to bi DUE TO stoting the underlying couse lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept ₹ 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING of work at work TO FUNERAL DIRECTOR: After 21 | certify that (1) (this haspital) attended the deceased fram 12-2-9-1966, 101-22-6 19____, that (i) (we) lost 3 shauld by with the S and that death accurred at Town, fram causes and an the date stated above. 19 sow the deceased alive an 1 > > 0 22b. DATE SIGNED 22o, SIGNATUR ATTENDING M.D. DIRECTOR director, page 3 should be filed v PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S James M. Whitlock 7700 Carroll Avenue NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BUR AL, CREMATION, DATE THEREOF Burial Burial 167 Arlington National Arlington. Virginia 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hines Co VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



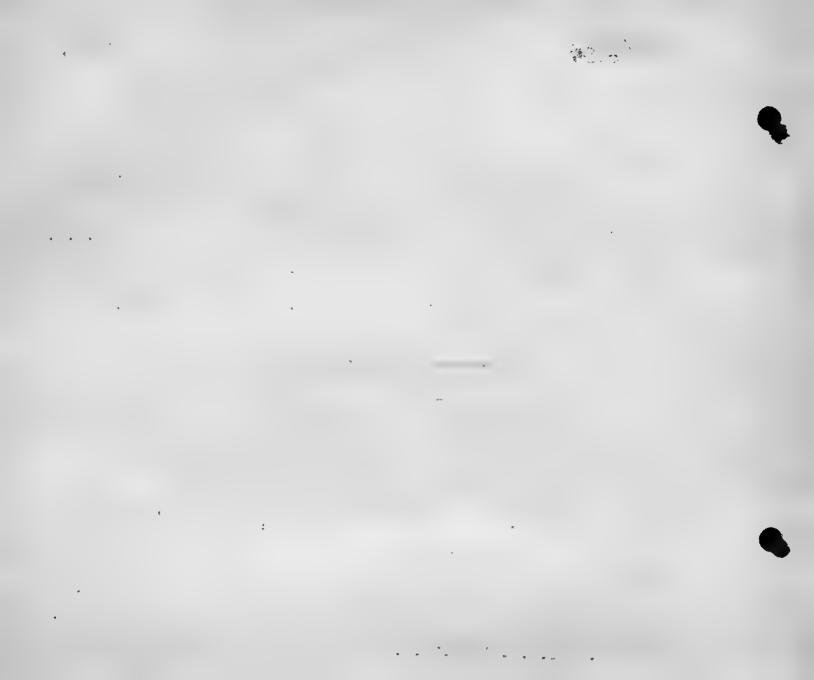
A.	,			MARYLAND STATE DEPA		LOW AND ARRAY	
1			01083	OF VITAL RECORDS, 301 W. PRESTO	OF DEATH	ARYLAND 21201	04000
The same of the sa	2 8		02000	CERTIFICATE	OF DEATH		01082
12	aurs after death. by the funeral Pages 1 and 2		PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Washingt.	b. COUNTY	,
	offe off	No.	b CITY OR TOWN (If outside corporate lim	nits, C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corr	porate limits, write RURAL or	nd give nearest town)
	urs		write RURAL and give nearest tawn) Bethesda(rural)	25 Days	Washingt	on DC	* * *
	ha in t		d. NAME OF HOSPITAL OR INSTITUTION (IF	not in haspital, give street address)	d. STREET ADDRESS	<u> </u>	e IS RESIDENCE ON A FARM?
	equires that the death certificate be executed within 24 haurs after physician. signed by the attending physician and campletely filled in by the fuburial-transit permit. Then please remave carban papers. Pages I burial, cremation, ar removal, and in any event, within 72 haurs after	21,	US Naval Hospital		2540 Massachue	etts Ave.	YES NO
	HE WEEK		3 NAME OF	First Middle	Last 4 DA		Doy Yeor
	etel arbo		(Type or print) Garo	line Thom	Walsh DE/	III Jan	8 19 67
	mpli e co		S. SEX 6 COLOR OR RACE		B. DATE OF BIRTH	9. AGE (In years IF U	INDER 1 YEAR IF JNDER 24 HRS
	xect cdi nav		Female Cauc	WIDOWED DIVORCED	Jun. 2, 1904	igst birthdoy) Moi	nths Days Hours Min.
	cate be exe		The US IAL OCCUPATION (Give kind of work don	ne IOb. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, o		12. CITIZEN OF WHAT COUNTRY?
			during most of working life, even if retired) Housewife	INDUSTRY	Washington,		USA
	requires that the death certificate by physician. signed by the attending physician by the attending physician burial-transit permit. Then please burial, cremation, ar removal, and i		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	ph hen nov		Corcoran Thom		Mary Lay		
	th or ding		15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give wor or date:	a of a serious)	INFORMANT	Address	
	dea ten mit ar		NO NO CHURKNOWN) KIT YES GIVE WOT OF CICIE	579-28-89-91 Ro	bert Walsh 254	Mass. Ave.	Washington DC
	he at per		18 CAUSE OF DEATH (Enter only one of				CONSET AND DEATH
	at the maje and th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	Association Cla	L hemon	haye	6 WELSTANA
	the second		pr 1 1 1 A	UE TO	0	4	11/1
	ysic ysic yne rial		Conditions, if ony, which gove	Dante dunde	max whe		1 chang
	a signal		rise to immediate couse (o), Stating the underlying couse	UE TO	•		1 ,
	dinig		lost	(c)		1	
	ICIAN: The law requires the pital ar attending physician. rtificate has been signed by id far use as the burial-train at Health priar to burial, cre	,	PART II DIHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO RELATED TO	THE TERMINAL PISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	e had	/	anna troll	10-bar extal unti	racerebral h	una torna	PERFORMED? YES NO
	AN al a icat for Hec		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Rart I or		
	PHYSICIAN ie haspital his certifica etached far Dept af He		200 ACKDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20c Time OF INJURY Month, Doy, Yeor Hour of m.				
	ha ha is contact and had had he had h		20c TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, 20	of (City or town)	(County) (State)
	te Det		Hour 'o m.	9 While Nat While of work of work	tory, street, office bldg., etc.)		
	OR ATTENDING be retained by th NIRECTOR: After i e 3 shauld be di		2! Legify that (1) (this he	aspital) attended the deceased from	Dec. 14 , 19 66	to Jan 8	19367 that (i) (we) lost
	R:/		saw the deceased plive an	Jan. 8 1967, and tha	t death occurred at : 04.	M, from causes and	, 19 ,67 , that (i) (we) lasi on the date stated abave
	AT Special Spe		22o. SIGNATURE		ATTENDING MED.	CTAFF A	26 DATE SIGNED
	OR DE LA) yours I Xua	more M.	D. PHYS. 🗀 DIRECTO	R 🗀 PHYS. Ⅸ 🕻	19167
		,	22c. PHYSICIANS EVANS DI	AMOND	U.S. NAVAL HO	SPITAL, BETH	ESDA MD.
	Page 4 may O FUNERAL I director, page should be fil	/					
	HO Gent		230 BUR AL (REMATION, 23b. DATE)			LOCATION (City or Town)	(County) (State)
	0 0 0 in in in		REMOVAL (Specify) Burial 1-12	1067 Arlington Nat	ional Cemetry A		Va.
			24. FUNERAL DIRECTOR W		2So. REC'D BY REC	1 2 1967 REGISTR	LARS SIGNATURE Judge
	VR A15 (4) 25M 1/67		Joseph Gawler's&Sons	s Washington.DC	DATE JAN	1 4 1901	00

** 35 015 7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01084 CERTIFICATE OF DEATH 01083 requires that the deoth certificate be executed within 24 hours after death funeral 1 and 2 rer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a GOUNTY a. STATE **b** COUNTY kian and completely filled in by the fur lease remove corban papers. Pages I and in any event, within 72 hours affer MARYLAND b. CITY OR TOWN (f autside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town). MADOIIS d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? YES ¬ NO [4. DATE 3. NAME OF Manth Lost Day Year DECEASED OF DEATH (Type or print) 196--/12/11 S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months 3-26-76 WIDOWED DIVORCED 10a JSUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) INDIISTRY RETIRGO Leon MERICA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTERS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a). DHF TO erioscleratic Heart Disease stating the underlying cause detached for use as the e Dept of Health prior to last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (State) TO FUNERAL DIRECTOR: After this Haur a m Not While of work factory, street, office bldg etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram Sept 27, 19 66, to 1/5/67, 19, that (I) (we) last saw the deceased above an 1/4/67 19, and that death accurred at 1/99 M, fram causes and on the date stated above. 67, 19 , that (I) (we) last director, page 3 should should be filed with the 22a, SIGNATURE 226 DATE/SIGNED STAFF M.D. DIRECTOR 22d ADDRESS Buxtons ville, ma PHYSICIAN S Joseph NAME (Type) NAME OF GEMETERY OR CREMATORY 280 BUR AL PREMATION, 23d LOCATION (Cry/or Town) (County) REMOVAL (Specify) 256 REGISTRAR S SIGNATUR 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



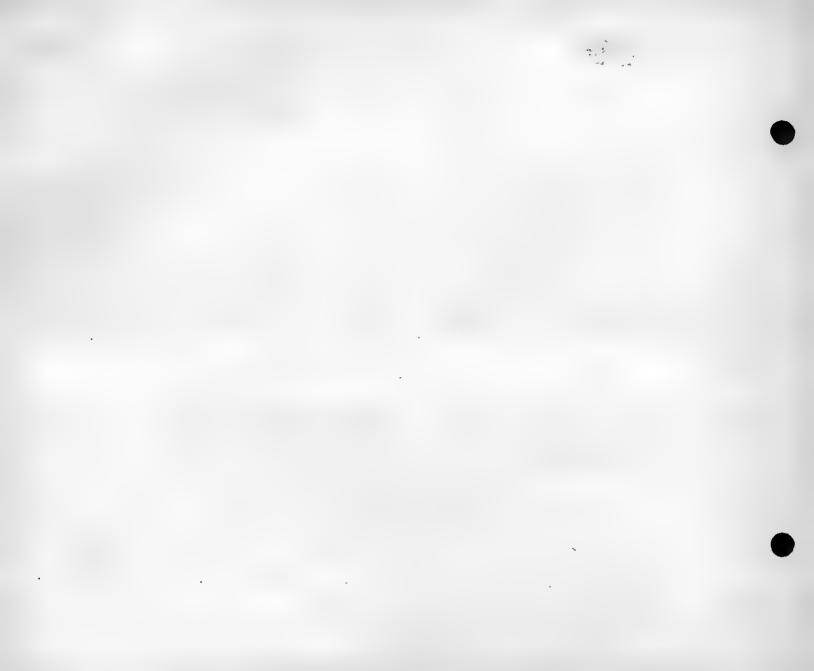
1/2 7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	ALA DVI AND
(1)	CERTIFICATE OF DEATH	01084
rifficate be executed within 24 hours after ysician and completely fine by the funeral smove carbon papers. Pages I and 2 should by event, within 72 hours after death.	1. PLACE OF DEATH 8. COUNTY MONTROMERY MONTROMERY S. CITY OR TOWN, if ourside corporate limits, write RURAL and give nagrest fown) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8001 Newdale Road 3. NAME OF DECERSED Montrome Ward STREET ADDRESS 8001 Newdale Road 3. NAME OF DECERSED Month OF DECERSED Montrome Ward DEATH January 1. AGE (in years) IF UND institution was in the principle of the pr	and give nearest lown) on IS RESIDENCE ON A FARM? YES NO Year 1967 IR 1 YEAR, IF UNDER 24 HRS.
requires that the death ce a physician. signed by the attending physist permit. Then please restron, or removal, and in a stion, or removal, and in a stion.	13. FATHER'S NAME Marcellus Gardiner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) (Ifyas give were related states of service) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ONSET AND DEATH
ING PHYSICIAN: The law do by the hospital or attending After this cert ficate has been sached for use as the burial-traff Health prior to burial, cremand Health prior to burial, cremand Health prior to burial, cremand Health burial or semanders.	Hour a.m. Whila Noi Whila factory, street, office bldg., etc.)	ART 1[a] 19. WAS AUTOPSY PERFORMED? YES NO COunty) (Stata)
TO HOSPITAL ATTENDY Adah. Page 4 G T Gretor, page 3 should be det OF be filed with the State Dept. or	p.m. 19 at work at work 1. 19	n the date stated above 22b. DATE SIGNET da., Md. 20014 (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01086 01085 death. requires that the death certificate be executed within 24 haurs after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE b. COUNTY o. COUNTY MONTGOMERY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) remove tarban papers. Pagen any event, within 72 haurs 14 DAYS WEBSTER SPRINGS BETHESDA e IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO KX NAVAL HOSPITAL 3. NAME OF Middle 4. DATE Month Year First Lost Doy 67 **JANUARY** 22 DECEASED WARD WILLIAM DALLAS 10 DEATH (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months birthdoy) 24 APRIL 1922 MALE CAUC WIDOWED DIVORCED ar removal, and in any and 12. CIT ZEN OF WHAT 1Ga, US JAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY RICHWOOD, WEST VIRGINIA U.S. MARINE CORPS U. S 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME GEORGIA BRINKLEY CARL WARD 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. -transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) SARAH WARD, WEBSTER SPRINGS, W. VA. APR 41 MAY 65 235 22 2912 YES INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter an y one couse per line for (o), (b), and (c)) by the transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed l burial-tr burial, c Canditions, if any, which gave nse ta immediate cause (a). DUE TO stoting the underlying cause Φ has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PEREORMED? YES K NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) 20t TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work to 22 JAN , 19<u>67, that (1) (we) last</u> 21. I certify that (I) (this haspital) attended the deceased from 8 JAN 1967, and that death accurred at 1.225 PM, fram causes and an the date stated above. director, page 3 shauld shauld be filed with the saw the deceased alive on 22 TAN 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) P. KIRSCHNER LT MC USN U.S. NAVAL HOSPITAL BETHESDA MARYLANI 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) 230. BUR AL CREMATION 1-27-67 READVANTS pertly Mountain Webster Springs, W. Va. Point 2Sb REGISTRAR S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 7557 WISCONSIN AVE, BETHESDA, MD. R. A.PUMPHREY



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01086 CERTIFICATE OF DEATH and completely filled in by the funeral remove carbon popers. Pages I and 2. be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH b. COUNTY Montgomery o. STATE o. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) day S Rockville (2.1) Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? 1019 Cross Haspita Parkland NO X 3. NAME OF Middle 4. DATE Doy Year DECEASED 19 67 JAn. 23 WARREN DEATH (Type or print) AGE (In years IF JNDER 1 YEAR I IF JNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH last birthdoy) Months WIDOWED DIVORCED 10b KINO OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10a JSJAL OCCUPATION (Give kind of work done COUNTRY? physician (during most of working life, even if ret red) INDUSTRY please Virginia own home The low requires that th≡ death ceptificals 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova Charles Kline Ellen T Taylor 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Milton C Warren sr no 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c))
PART 1. DEATH WAS CAUSED BY. NTERVAL BETWEE signed by the buriol-transit p SET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar ottanding physician. Conditions, if any, which gave nse to immediate couse (a). DUE TO stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMEO? USe NO X YES jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at wark 19 7 that (I) (we) last 21. I certify that (I) (this hospital) oftended the deceased from 27, and that death occurred at 2:35PM, from couses and on the date stated above sow the deceosed alive on_ 22b OATE SIGNED 220 SIGNATURE 1/24/67 DIRECTOR PHYS. PHYS directar, page should be filed 22d ADDRESS 4323 Havard St., Silver Spring, Md. 4323/1 Richard Delaney, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMENTS 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23h DATE THEREOF (County) (Stote) REMOVAL (Specify) Jan 27, 1967 Washington National Suitland Pro Geo Md. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Myattsville, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01088 CERTIFICATE OF DEATH 01087 low requires that the death certificate be executed within 24 haurs after death. pllysician and completely filled in by the funeral egyptician and completely falled in Pages 1 and all the completely within 72 hours after deat I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE a. COUNTY **b.** COUNTY Montgome ry Montgomery Marvland MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 write RURA and give nearest town)
Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Holy Cross Hospital 1220 Blair Mill Road NO XX YES NAME OF DATE Eirst Middle Month Last Day Year DECEASED BERTHA WASSER 1967 27, January DEATH (Type or prent) IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 9 AGE (in years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthday) Months Hours Doys Aug 10, 1899 Female White WIDOWED XX DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Restaurant Owner COUNTRY? Baltimore, Md. USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Louis Ahrenberg Sarah rem 17. INFORMANT 1307 Mdylwood Rd. 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war ar dates af service) 579-30-8887 Sallie W. Cushner Pikesville._Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), signed by the buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate cause (a), DUE TO storing the underlying couse prior to O FUNERAL DIRECTOR: After this certificot has been the REAP last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? FICATION Health YES NO X DOCTOR j 20g ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City at town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office blda., etc.) Haur o.m. Not While Ъ⊣ at work at work M 2). I certify that (I) (this haspital) attended the deceased fram. 19 6 Ethat (1) (we) last 19 (c. L. ta. CLEARED director, page 3 should should be filed with the 1966, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 22g SIGNATURE 22b DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS Connecticut 22c. PHYSICIAN'S JACK NAME (Type) SEGAL D. Washington, D. C. 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Geo. Wash. Cemeterv 1967 Hyattsville, REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 2Sb 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66



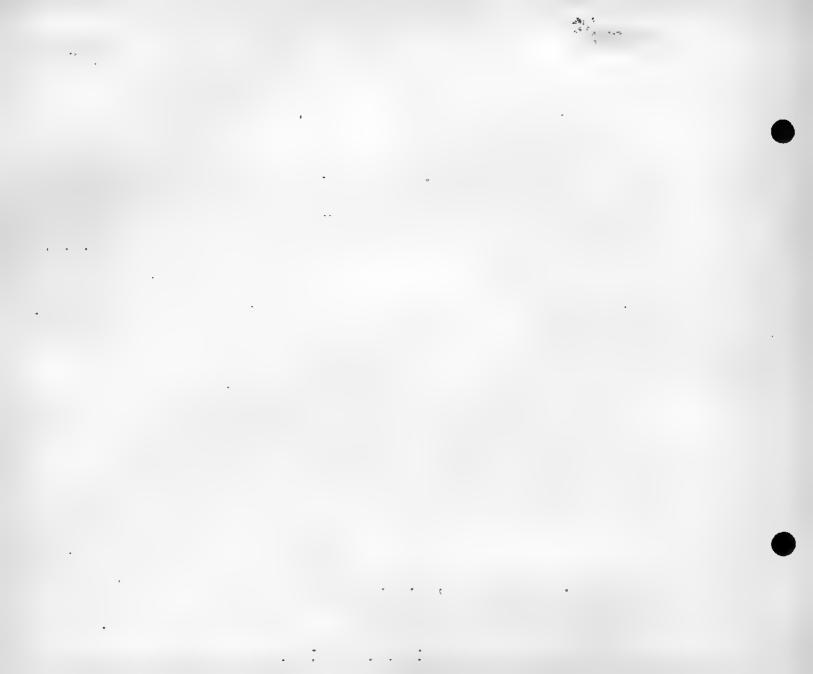


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01090 CERTIFICATE OF DEATH 01089 be executed within 24 haurs after death. l and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) and campletely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH a COUNTY a. STATE b. COUNTY ONT GOMER Montgomery MARYLAND M arvland b. CITY OR TOWN (If Sutside carparate limits CLENGTH OF STAY IN 15 t CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital awe street address) OAD NO X YES 🗔 Old Baltimore Road DATE NAME OF Middle Month Day Year First DECEASED OF DEATH USTUS 6 (Type or print) 19 YEAR IF UNDER 24 HRS IF UNDER AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days Haurs WIDOWED DIVORCED 12 CITIZEN OF WHAT USUA, OCCUPATION (Give kind of work done ease and ertificate 14 MOTHER'S MA DEN NAME 13. FATHER S NAME 급 or remayal, attending pny 15 WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death permit. (Yes, na, oflunkacym) [If yes give war ar dates at service as above 48-7019 Vone crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), burial-transit PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO ROMTBOSIS burial, Conditions, if ony, which gove rise to immediate cause (o), DUF TO stoting the underlying cause priar ta O FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO S YES the hospital ar for 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 2Do ACCIDENT WAS UNDERLYING [] detached f te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Haur o.m. Not While be retained by 21. I certify that (1) (this haspital) attended the deceased fram 19 67, and that death accurred at 2 PM, from causes and an the date stated abave saw the deceased glive an 22g. SIGNATURE 22b. / ATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. PHYS , page be filed 22d ADDRESS HYSICIAN'S NAME (Type) Spring. 700 Clovery St. Silve director, ъ 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREO! 23d LOCATION (City or Town) (County) (State) BURLAL (Specify) Fort Lincoln Cemetery Prince Georges Co Jan. 21 25b 967 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 3 Georgia Ave ilver Spring



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01091 CERTIFICATE OF DEATH 01090 signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Payes I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Montgomery
b. CTY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Kensington Maryland Montgomery

C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Maryland vithin 72 haurs after MARYLAND corrificate be executed within 24 hours after C LENGTH OF STAY IN 1b. Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 10226 Carroll Place 10226 Carroll Place YES NO ST First 3 NAME OF Middle 4 DATE Year Lost Doy DECEASED
(Type or print) John Wetherill ITT OF DEATH 1967 15 IF UNDER 1 YEAR 5 SEX IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED AGE Un years Days asy birthday) Months Haurs white male WIDOWED DIVORCED 3-13-1902 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of warking He, even if retired) COUNTRY? INDUSTRY Patent Attorney Colorado 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal Ira Cortright Wetherill Elizabeth Campbell 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Wethewes] requires that the death (Yes, no or unknown) (If yes give war or dates of service Genevieve Rusk-See Item No. 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CONSET AND DEATH Asterior clarotic heart desease with IMMEDIATE CAUSE (a) coronary thrombosis (mar. 1.1966) DUE TO Conditions, if any, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar tall lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART I(a) 19. WAS AUTOPS Y PERFORMED? ancom photosomo thorax NO IV 205/DESCRIBE HOW INJURY OCCURRED /Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While at work at work 21. I certify that (1) (this hospital) attended the deceased fram 1946, 1950, to 100. 15, 1967, that (1) (we) last saw the deceased alive an 1967, and that death accurred at 530 M, from causes and an the date stated above. , 1967, that (1) (we) last 226. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. DIRECTOR 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 1835 Eye Street, Wash. Page, Massie M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) Rock Creek Cemetery 1-18-1967 Washington 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Sons, VR A15 (4) Jowler's Lancer



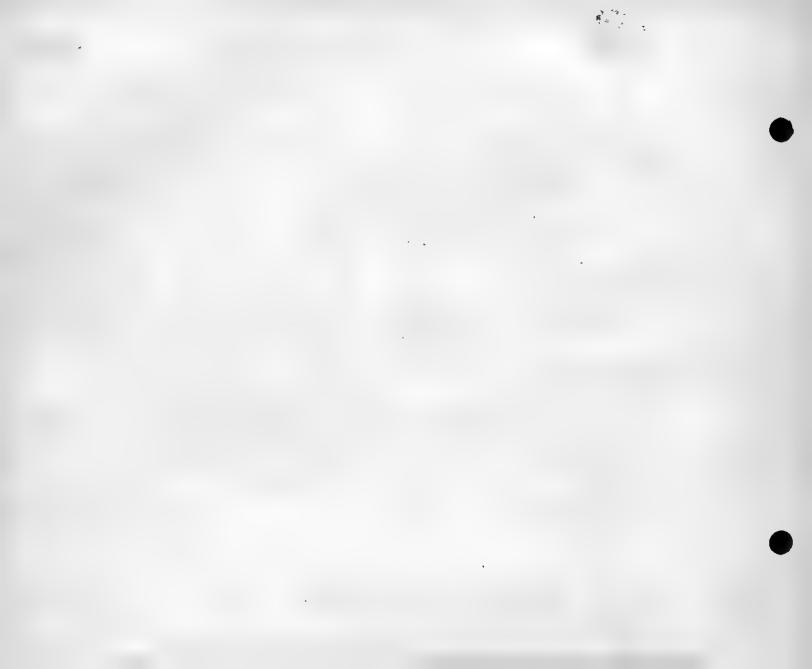
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01092 CERTIFICATE OF DEATH signed by the attending physician over the funeral limit of the funeral limitol-transit permit. Then please who carban papers. Pages I and 2 burial, crematian, or removal, and in any event, within 72 haurs after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Mary land Howard b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksville 01 nev day d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO X Montgomery General NAME OF Middle 4. DATE OF Lost Month Doy Year DECEASED (Type or print) 19 67 William Vonder Wettern DEATH S SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** lost birthday) Months Dovs Hours WIDOWED DIVORCED 9/19/92 male white 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** nknown ınknowh United States Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wettern unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Montg. General Hosp. Records. Olney. Md unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse prior to lost. So PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN WAS AUTOPSY PERFORMED? State Dept. of Health NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I! of item 18) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work at work 21. I certify that (I) (this importal) attended the deceased fram TO HOSPITAL OR ATTEND Page 4 may be retained saw the deceased alive an , and that death accurred at 11:25% from causes and on the date stated above O FUNERAL DIRECTOR: 22b. DATE SIGNED 220 SIGNATURE DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles S. Whitaker Clarksville, Ind. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, (County) (Stote) Glenelg, Md Providence 2-1-1967 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR C. Higinbothom, Ellicott

MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01093 CERTIFICATE OF DEATH and 2 and campletely filled in by the funeral remave carban papers. Pages and in any event, within 72 hours affer ent 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 24 haurs after deaf n. COUNTY o. STATE b. COUNTY · Montgomery Marvland Montgomery MARYLAND b CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn Silver Spring Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1401 Blair Mill Road Holy Cross Hosp. NO X executed within 3 NAME OF First Middle Last 4 DATE Marth Year Day DECEASED 1967 IRVING WEXLER Jan. (Type or print) DEATH S SEX 9. AGE (In years 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. XX NEVER MARRIED birthday) Manths Dovs Hours Male White May 10, 1911 WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) and in the attending physician to during most of working life, even if retired) INDUSTRY COUNTRY? Food Israel Grocer 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Reap remayai requires that the death certifi Tzvi Wexler Rose Hirsh IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Bowie. (Yes, no, or unknown) (If yes give war ar dates af service) Doctor ю 114-05-3472 3628 Majestic Lane Jerome Wexler Md NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO th burial Conditions, if any, which gave £ 3 rise to immediate couse (a), DUE TO stating the underlying cause by the haspital ar attending as the 10 FUNERAL DIRECTOR: After this certificate has been eared last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health YES 🗌 NO DO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month Day 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Store) Not While factory, street, affice bldg., etc.) 21. 1 certify that (1) (this haspital) attended the deceased from TO HOSPITAL ON A Property Page 4 may be retained by Page 4 may be reta 1966 , and that death occurred at I A M, from couses and an the date stated above. saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR directar, page 3 should be filed v M.D. PHYS 22c PHYSICIAN 22d. ADDRESS NAME (Type) 23a, BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Hyattsville, Md.

GISTRAR | 25b. REGISTRAR'S SIGNATURE 1-22-67 Geo. Washington Cem 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) Minules DATE JAN 1967 Goldberg Funeral Home 4217 9th Street N.W. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01094 CERTIFICATE OF DEATH 01093 death. requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY: MARYLAND ONTOOMERLY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If Gutside corporate limits, write RURA; and give negrest town) papers. Pag hin 72 hours. hPS. d. NAME OF HOSPITAL OR INSUDUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM WNNE NO 132 YES NAME OF Middle DATE Doy Year DECEASED (Type or print) 21 DEATH JANUARY 1967 and in prigevent, SEX 9. AGE (In years V IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED **MATE OF BIRTH** 7. MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during prost of working life, even if retired COUNTRY? MONTGOMERY CO 13. FATHER'S NAME cremotion, or removol. Address SAME 15 20 WAS DECEASED EVER IN U.S. ARMED PORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) [If yes give war or dotes of service] Edward White Forestville MARY LONA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ong (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN **burial-tronsit** ONSET AND DEATH signed by WIMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been for use os the prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS' PERFORMED? Heolth 1 YES -NO 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not While 19 of work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 1-50 19 67 ta 1-20 1967, that (1) (week last and that death accurred at 945 A.M., from causes and on the date stated above saw the deceased alive an... 22o, SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) CONLE 5716 Howard are. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (Stote) 230 BURIAL CREMATION. (County) REMOVAL (Specifye) GRLINGTON WATL 25o, REC'D BY REGISTRAR 25b. REGISTRAR & SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66 5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01095 CERTIFICATE OF DEATH he law requires that the death certificate be executed within 24 hours after death. funeral s 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTYo. STATE b. COUNTY. MARYLAND femove corban popers. Pages 1 if any event, within 72 hours after the attending physicializand completely filled in by the fact permit. Then places remove corban popers. Pages b CITY OR TOWN (Voutside capitarate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN AT guitside corporate limits, write RURAL and give nearest town) and give negrest town) S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION At not in haspital, give street address) d STRFFY ADDRESS NO IZ NAME OF Middle DATE Doy Year DECEASED BAWARU 19 6 7 (Type or print) DEATH ASE (In years tast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX DATE OF BIRTH NEVER MARRIED Months WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o JSUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY ? duting most of working life, even JON +gam ERY , crematian, or removal, al 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or Jaknown) (If yes give war or dotes of service) 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN this certificate has been signed by the detached for use as the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause os the prior to t Poge 4 may be retained by the hospital or ottending last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use (Heolth p NO YES 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While Haur o.m. 19 at wark O FUNERAL DIRECTOR: After 1967, to 1-22-, 1967, that (1) (we) lost of 167 M, from causes and an the date stated above. 21. 1 certify that (I) (this hospital) attended the deceased from. 19 6 and that death accurred at saw the deceased alive an 1-22 226 DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY (State) 230 BURIAL CREMATION. DATE THEREOF LOCATION (City or Town) (County) PMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 2E M 1/66

W1.

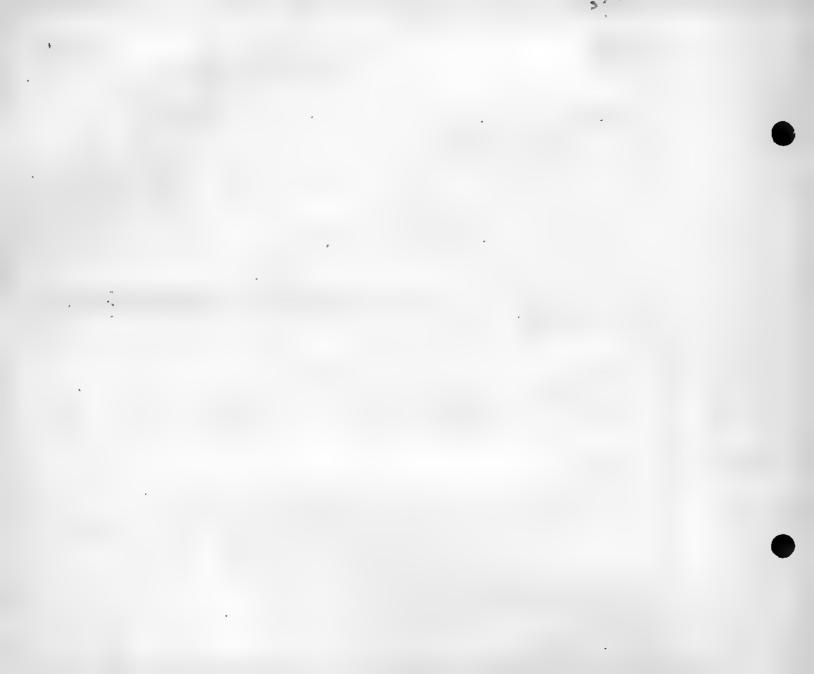
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01096 FOR STATE Rea, Dist. No. 11 1 155 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. if institution: Residence before admission) **b** COUNTY MARYLAND Montaomeri Maruland Montaomaru b. CITY OR TOWN (It outside corporate I mile, write RURA) c LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate I mils, write RURAL and give necrest town) and give represt town) Kockwille 9months Rockville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? Village Square Terrace 12412- Village Square Derrace YES NO DE 3. NAME OF Middle Month Yeor DECEASED (Type or print) Wallace Edward DEATH anuary 1967 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR! IF UNDER 24 HRS Months Davi Hours White Male WIDOWED T DIVORCED A yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most al working life, even if retired) Purchasina Agent White Plains. New York Electronica 13 FATHER 5 NAME W. Williams Edward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Centertibled. Las Vagas Mariorie Babcock-Mother 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which) gove rise to immediate cause DUE TO (a), stating the underlying couse lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19, WAS AUTOPS PERFORMED 20d. EXTERNAL CAUSE WAS PRIMARY Day CONTRIBUTING CAUSE OF DEATH. HOW INJURY OFFURRED IF FOR noting of injury in Post I or Post II of Hen 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INTURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) 196/ of work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . and in my Suicide XI. opinion death resulted from: Notural causes Adcident Homicide . Undetermined monner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER [SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINETS NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. (OCATION (City, town, or county) REMOVAL (Specify) Prince Georges Co Md.
BY REGISTRAR S. SIGNATURE (rematory 246 REC'D BY REGISTRAR

5. A15ME 5M 2757



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01098 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY a. STATE Montgomery Maryland Montgomery MARYLAND c CITY OR TOWN (If guisside corporate limits, write RURAL and give negrest town) b CITY DR TOWN (If outside corporate minus with RLRAL and a ve nearest town) r LENGTH DE STAY IN 16 Wheaton, Maryland minutes Bossero Docobb - Spring e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITA, DR INSTITUTION (If not in hospital give street address) 12226 Dalewood Drive Holy Cross Hospital YES NO IX 3 NAME OF Middle 4. DATE Month Day Year DECEASED 26 19 67 Williams Frank January dward. DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years **S** SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last b rthday) Haurs Months Days 8/24/24 WIDOWED DIVORCED Male Cau 12 CITIZEN OF WHAT 10h, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 10g, SUAL OCCUPATION (Give kind of work done during most of working life even if retired)

eputy Sheriff COUNTRO? Montgomer ounty Govt. North Carolina 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Mae Queen Carl Williams 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) 248-24-051 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per June for (o), (b), and (c)) ONSES AND DEATH PART I DEATH WAS CAUSED BY MOCAL IMMEDIATE CAUSE (a) Canditians, if ony, which gove rise to immediate cause (a) DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg, etc.) Not While Hour a.m. 21. I certify that (1) (this haspital) attended the deceased fram full 5, 1960 to 400 26, 1967 that (1) (we) last saw the deceased alive on full 1967 and that death accurred at 118 M/tram causes and an the date stated above. 22b. DATE SIGNED 22n SIGNATURE ATTENDING M.D. PHYS PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) ora 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) 23g. BURIAL CREMATION. BULLAL (Specify) Arlinaton, Virginia 1967 Arlinaton Nat'l Cemetery Jan 30. 25b. REGISTRAR'S, SIGNATURE 1° xxxxx 5th harelen VR A15 (4) Inc. 20 M 1/66 Pumphrey.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery New Hampshire MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) 3 Days Salem Bethesda Ξ e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled 24 28 Haigh Avenue The Clinical Center, Bethesda, Md. 20014 YES NO A executed within completely pou DATE Month Year NAME OF Middle Last 4. Day DECEASED DEATH 18 19 67 Wilson (Type or print) Kathrvn Ann January ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH SEX 6. CDLOR OR RACE remove n any eve 7. MARRIED NEVER MARRIED last birthday) Months Days White 14 January 1957 Female WIDOWED [DIVORCED [12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR attending physician rmit. Then please death certificate be during most of working life, even if retired) INDUSTRY USA New Hampshire Student 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Walter H. Wilson Blanche Gaudin 17. INFORMANThe Medical Records 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unkown) | (If yes give war or dates of service) by the att ansit perm remation, o The Clinical Center, Bethesda, Md. 20014 No None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: Seconds Cardiac Arrest attending physician. IMMEDIATE CAUSE (a) 1270 Left ventricular failure 14 hours PHYSICIAN: The law requires Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as the 10 years Sub-aortic stenosis - congenital underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate CERTIFICAT YES V NO T this ceru-20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work 21. I certify that (A (this hospital) attended the deceased from 15 January 19 67 to 18 Jan. 1967_ that XIX (we) last D DIRECTOR: age 3 should led with the saw the deceased alive on 18 January 19.67, and that death occurred at 6:35M, from the causes and on the date stated above. 22a. SIENATORE 22b. DATE SICNED ATTENDING page 18 January 1967 DIRECTOR PHYS. Clinical Center, National HOSPITAL director, pa PHYSICIAN'S ADDRESSThe NAME (Type) Bonchek, MD Lawrence Institutes of Health, Bethesda, Md. (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. (Specify) 25b. RECISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR **EUNERAL DIRECTOR** 24. VR #15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01099 01098 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) PLACE OF DEATH COUNTY MARYLAND TOWN (If autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 CITY OF JOWN (If autside corporate I mits, RAL and give nearest town Thesala d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS etely filled in papers ON A FARM? rent, within 72 YES NO NAME OF carban Middle Month Year First Last Day DECEASED OF DEATH JAN 196 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE AGE (in years 7. MARRIED NEVER MARRIED Last birthday) Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT dur no most of working life, even if retired) COUNTRY 3 INDUSTRY ar removal, and MOTHER'S MAIDEN NAM Tanan 13 FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes no, ar unknown) (If yes give war ar dates of service) burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove 1 (b) rise to Immediate cause (a), DUE TO stating the underlying cause Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES SC NO TO HOSPITAL OR ATTENDING PHYSICIAN: ī 20a. ACC. DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not While at work January 19 63, to January 13 19 67, that (1) (we) last be retained director, page 3 should should be filed with the 19 M. fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 6-000 MAN ENUSYLVANIA AVE NAME (Type) 2121 280 BURAL PREMATION DATE THEREOF 23c NAME OF CEMETERY/OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County): REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01099 FOR STATE HEALTH DEPT. I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 2, and PM3. Page o. COUNTY o. STATE b. COUNTY th the State Department of MARYLAND delay I c LENGTH OF STAY IN 16 de carparate limits, write RURAL and give negrest town? b CITY OR TOWN (f outside comprote limits write RURA, and d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR NSZITUTION (If not in hospital, give street oddress) olong with form NO DG Give Pages YES be executed within 24 hours after death NAME OF First Middle DATÉ Dov Year DECEASED OF DEATH Jan 1967 (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR Months lost birthdoy) Hours Days WIDOWED DIVORCED 100 USUAL OCC. PATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDLSTRY COUNTRY? during most of working [le, even if retired) 412200 icate, writing the ward "pending" in pencil in be forwarded to the Chief Medicol Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME nown molu 17 INFORMANT 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED EDRICES? (Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY event Subarachnoid hemorrhage, massive IMMEDIATE CAUSE (a) This certificate should DUE TO gny Conditions, if ony, which gove Metastatic Carcinoma rise to immediate cause (a), DUE TO stoting the underlying couse last WAS AUTOPS PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) cremotion, ar remayal, NO YES 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of natury in Port I or Port II of Item 18) 3 should PRIMARY Cor CONTRIBUTING CO shauld CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home form 20f [City or town] (County) (State) Hour a.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy X Inspection X Inquiry and in my opinion funeral director. death resulted fram Natural causes 🗷 Suicide [Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER **EXAMINER'S** on Toomery Address (Street, city, town, or county) NAME (Type) the 230 BURIAL CREMATION 0 REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2Sb VR A15ME (5) Y 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01101 CERTIFICATE OF DEATH 0.1100death. requires that the death certificate be executed within 24 haurs after death by the funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission b. COUNTY PRINCE GEORGES o. COUNTY o. STATE lease remove carban papers. Pages 1 and in any event, within 72 hours after MARYLAND (If outside corporate limits, C. LENGTH OF STAY IN 15 CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) OXON HILL CEMETERY e IS RES DENCE campletely filled in d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ON A FARM? NO X NAME OF DATE Year Lost Dov DECEASED 1967 W132 DEATH Type or print S SEX DATE OF BIRTH 9. AGE (Jr 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1867 last birthday) Months Hours WIDOWED DIVORCED gud 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o JSUAL OCCUPATION (Give kind of work done COUNTRY ? during mast of warking life, even if retired) the attending physician sit permit. Then please Cirst. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remayal, 17. INFORMANI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ne Townknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by physician. DUE TO 165 54R Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO 3 stating the underlying cause Page 4 may be retained by the hospital or attending this certificate has been 3 shauld be detached far use as the with the State Dept. af Health prior ta lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED severe pyelonophy wis nemiz second aru to NG 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCORRED (Enter noture of injury in Port 1 or Port II of item 18" OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stole) 20c TIME OF INJURY Month, Doy, Year (City or town) factory, street, office bldg., etc.) Hour a.m. of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this huspital) attended the deceased fram Ocheber 4. 19 57, to January 17, 1967, that (1) (we) lost and that death occurred at 10 22M, from causes and an the date stated above. sow the deceased alive on January 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR director, page 3 should be filed v M.D. PHYS PHYS. SI PHYSICIAN S avlow 2003 Heiph 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PREMIEWAL (Specify) RICHMOND, VIRGINIA 1/19/67 GREENWOOD MEM. GARDENS 24. FUNERAL DIRECTORWILHELM FUNERAL HOMREADDRESS 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 4308 SUITLAND ROAD, SUITLAND, MARYLANDAIR

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01102 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH o COUNTY MONT COMER) MARYLAND monigomary b CITY OR TOWN (If outs de corporate limits, C LENGTH OF STAY IN 16 write RURAL and give negrest fown) RURAL - ROCKVILLE 26 aays: ROCKY. 11c d NAME OF HOSP TAL OR INSTITUTION (If nat in haspital, give street address) 13524 GLENMILL 3. NAME OF DECEASED (Type or print) Lost OF DEATH JAN: WOODS R MARRIED 8 DATE OF BIRTH

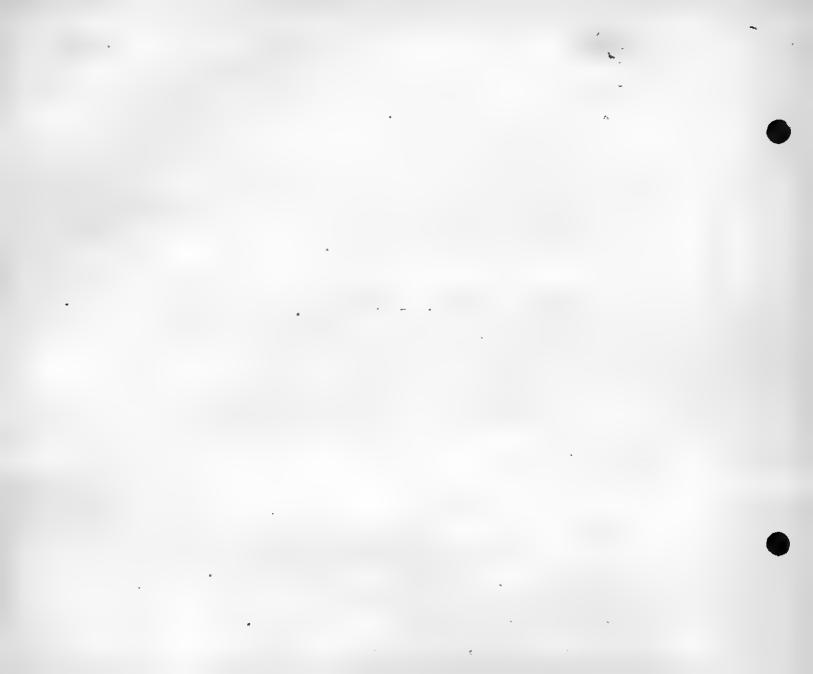
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VIS. OR NEVER MARRIED | | 8 DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED Months WHITE WIDOWED 1 11 BIRTHPLACE (County & State, or fareign country) 10a USLAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT Couring most of working life, even if retired)

Sales Representative Fruit Juice Co. CHICALS JALINOIS **COUNTRY?** 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Guerney Landis CHARLES F WOODS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (1 yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT SOTI Address Same as Item 2. 357-09-4097 John P. Woods Yes INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? ile at was start book in 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) at work L **GEUNERAL DIRECTOR:** After director, page 3 shauld be a should be filed with the State 22b DATE SIGNED 22o. SIGNATURE MED. STAFF DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 50 W. Edmonston Drive JOHN D. MAYLATH Rockville, Maryland. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 23g BURIAL CREMATION Burial-transit 1-2-67 Washington Park Cem. Indianapolis, Indiana
ADDRESS 250. REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland JAN 6 VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY		
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eath certifica attending phermit. Then on, or removal	WILLIAM M. HARM	LEONA BAKER	
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e death of the attentity permit. In action, or institute.	NO NORE 2.	23-07-63900 PHIPLIS N. KARMER- 150	FARVIEW AVE.
at the death certification of by the attending phransit permit. Then cremation, or remova	18. CAUSE DF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).]	/ INTERVAL BETWEEN ONSET AND DEATH
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OR ATTENION be retained birectors. age 3 should be with the start of	22a. STENATURE	erte M.D. ATTENDING MED. STAFF [PHYS. [22b. DATE SIGNED
TAL OR May be AL DIR page Filed	22c. PHYSICIAN'S	22d. ADDRESS DIRECTOR PHYS.	1/11/11/11/11
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Staf	NAME (Type) // Homas /	, FEETH TY WILL THATE.	Silver ofring la
Pag To Fa	23a. BURIAL, CREMATION, 23b. DATE THEREOF SEMOVAL (Specify) JAN. 20,1967	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ARLING)	town or county - (State)
4	24. FUNERAL DIRECTOR	ADDRESS 25a. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	W.W. CHAMPIBERS, INC.	SILVER SPRING MD DATE JAN 24 1967	1 mg



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01104 01103 by the funerol Podes 1 and 2 Zdeath. he low requires that the deoth certificate be executed within 24 hours ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY nontGAM MARYLAND CLENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) ATT-SUILLE hour IS RESIDENCE ON A FARM? completely filled in ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS VOSPITAN NO T YES NAME OF Middle 4 DATE Month Doy Year remove carbon DECEASED 25 1967 (Type of print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED (Stebirthdoy) Months Hours 3/25/1901 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDHISTRY COUNTRY? Washington, D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, e P Victoria Lombardy Isaac Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO buriol-tronsit permit. Vera Wright same as no buriol, crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physicion. DHF TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been for use os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While 19 ot work at work 21. I certify that (I) (this haspital) attended the deceased fram Jan. 20, 1967, to Jan. 25, 1967, that (I) (we) last saw the deceased alive on Jan. 25, 1967, and that death accurred at 12382 M, fram causes and an the date stated above. saw the deceased alive on Jac. 25 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR M.D. director, page should be filed 22d ADDRESS 10101 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) Frince Georges Co. Md. Ft. Lincoln Cemetery 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Washington, Hine s Co. VR A15 (4) 20 M 1/66 1967 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01104 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b COUNTY ond completely filled in by the fur remove carbon papers. Pages 1 in ony event, within 72 hours offer MARYLAND c LENGTH OF STAY IN 16 b. CITY OR TOWN 11f autside comporate limits. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE d. STREET ADDRESS YES NO 3. NAME OF Middle 4. BATE Year Day DECEASED OF DEATH (Type or print) 7. MARRIED 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE In years IF UNDER 1 YEAR IF LINDER 24 HR last birthdoy) WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done BHOTHPLACE (County & State, or foreign country) during most of working life, even if retired Nurse INDUSTRY 0 13. FATHER'S NAME 14 MOTHER'S MATDEN NAME buriol, cremotian, or remoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMÁNT (Yes, na, ar unknawn) (If yes give wor ar dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cirrhosis. Liver IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Chronic alcoholism Canditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. of Health Chronic cystic pancreatitis 20g. ACCIDENT WAS UNDERLYING [7] 20h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this hospital) attended the deceased from JAN2, 1967, sow the deceased olive on JAN 7, 1967, and that death accurred at 953 , 1967, that (I) (we) lost 1967 to JAN 7 M. from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNANJRE ATTENDING PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) Burlal (Specify) Arlington, Virginia 1-10-67 Arlington National Cem. 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marley VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland DATE JAN

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01106 CERTIFICATE OF DEATH death funeral 1 and d ad PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY a. requires that the death certificate be executed within 24 haurs after by the f E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest thun) b. CITY OR TOWN (If outside forporate limits write RURAL and give negrest own and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM YES NO DATE NAME OF Month remaye carban Middle Lost Doy Year DECEASED 19 6 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In S. SEX 6. COLOR OR RACE DATE OF BIRT years 7. MARRIED NEVER MARRIED lost girthday) Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ege during most at working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remo 17. INFORMANT 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) IfIt yes give war or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). sugned by the burial treatment ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital or attending as the stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health YES NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JE O detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) of work pe , 1942, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from ______f 1/10 . 1967. to 19 67, and that death occurred of 542 PM, from couses and on the date stated above. saw the deceased alive an Jan 10 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Kolkin Marvin Spring St. Rockville. Md NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 23B. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) DATE 20 M 1/66